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Rhondda Urban District Council.

REPORT

OF

The Medical Officer of Health

AND

School Medical Officer

FOR

THE YEAR 1925.

TREHERBERT:

I. JONES, PRINTER AND BOOKBINDER, STATIONERS' HALL.

Rhondda Urban District Council.

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TREHERBERT:
I. JONES, PRINTER AND BOOKBINDER, STATIONERS' HALL.

Rhondda Urban District Council.

Members of the Council.

Councillor William Samuel Lane J.P. (Chairman).
,, Rhys Morgan Rees (Vice-Chairman).
,, Gwilym Lloyd.
,, Dan Davies, J.P.
,, William Phillip Thomas, J.P.
,, George Newman.
,, John Minton, J.P.
,, William David Morgan.
,, Mrs. Annie Price.
,, Samuel Hedditch.
,, James James, J.P.
,, William Evans Thomas, M.D., J.P.
,, Mrs. Eliza Williams.
,, Evan Joshua Roderick.
,, Thomas Owen.
,, Thomas Williams (3 months).
,, Owen James Buckley (9 months).
,, Thomas R. Davies.
,, Mark Harcombe.
,, Gwilym Rowlands, J.P.
,, Edgar Morgan.
,, Alfred Jones.
,, Thomas Griffiths, J.P. (3 months).
,, John Morgan (9 months).
,, Benjamin Davies, J.P.
,, John Talwrn Jones.
,, John Davies (7 months).

Councillor JOHN KANE, J.P.
,, JOHN HUGHES, J.P.
,, MORGAN BENJAMIN.
,, THOMAS REES.
,, WILLIAM WELLS.
,, LLEWELYN JONES.
,, DANIEL EVANS.
,, THOMAS BRYN THOMAS.
,, ABEL JACOB, J.P.
,, HENRY EDWARD MALTBY.

Clerk to the Council:

SIR WALTER NICHOLAS.

THE HEALTH COMMITTEE.

Councillor THOMAS BRYN THOMAS (Chairman).
,, DAN DAVIES, J.P.
,, GEORGE NEWMAN.
,, WILLIAM DAVID MORGAN.
,, WILLIAM EVANS THOMAS, M.D., J.P.
,, WILLIAM SAMUEL LANE, J.P.
,, THOMAS R. DAVIES.
,, ALFRED JONES (3 months).
,, EDGAR MORGAN (9 months).
,, BENJAMIN DAVIES, J.P. (3 months).
,, JOHN DAVIES (7 months).

Councillor JOHN KANE, J.P. (8 months).
,, LLEWELYN JONES.
,, HENRY EDWARD MALTBY.

THE MATERNITY AND CHILD WELFARE COMMITTEE.

All the members of the Health Committee together with:

Councillor Mrs. ANNIE PRICE.
,, Mrs. ELIZA WILLIAMS.
Mrs. A. TAMPLIN (3 months).
Mrs. S. A. HOPKINS (3 months).
Mrs. D. SMITH (9 months).
Mrs. D. EVANS (9 months).

THE HOUSING COMMITTEE.

All the members of the Maternity and Child Welfare Committee.

OFFICIALS OF THE HEALTH AND SCHOOL MEDICAL SERVICE DEPARTMENTS.

Medical Officer of Health, Medical Superintendent of the Council's Hospitals and School Medical Officer :—

J. D. JENKINS, M.D., B.S. (Lond.), D.P.H., &c.

Assistant and Deputy Medical Officer of Health:—

D. J. Thomas, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond)., B.Sc. (Lond.), D.P.H. (Lond).

Assistant Medical Officers of Health and School Medical Officers:—

Helena G. Jones, M.B., B.S. (Lond.), D.P.H.
D. R. Gilder, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.
William Jones, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

For portion of year:—

Caroline J. Maclennan, M.B., Ch.B. (Glasgow), D.P.H. (Wales).

Dental Surgeon:—

Bessie H. Poole, B.Sc. (Lond.), L.D.S. (Manchester).

Matron of Fever Hospitals:—

Rose E. Smith.

Assistant Matron:—

Jessie L. McGregor.

Sanitary Inspector:—

(a) J. Towy Thomas.

Assistant Sanitary Inspectors:—

(a.b.)	Gwilym Reed	... Sanitary District	No. 6
(a.b.)	James Williams	... ,,	No. 3
(a.b.)	Lewis T. Davies	... ,,	No. 5
(a.b.)	David Jones	... ,,	No. 1
(a.)	D. Bowen Davies	... ,,	No. 2
(a.b.)	Gwilym Griffiths	... ,,	No. 4
(a.b.)	Edgar M. Thomas	... ,,	No. 1
(a.b.)	O. M. Lewis.		
(a.b.)	William James Evans.		
(a.c.)	Idris T. Watkins.		

Shops Inspectors :—

(a.b.) Thomas Osborne.
(a.b.) Daniel Morgan.

Health Visitors and School Nurses :—

(g.)	Elizabeth Hughes ...	No. 3 District
(h.)	Sophy Williams	No. 5 ,,
(g.)	Edith M. Watkins ...	No. 2 ,,
(e.g.h.)	Mabel M. Bond ...	No. 9 ,,
(d.e.)	Madeleine John	No. 6 District
(g.h.)	Elizabeth Israel ...	
(i.)	Edith Violet Gibson ...	No. 1 ,,
(g.h.)	Eveline Lillis Winn ...	No. 7 ,,
(g.h.)	Muriel Smith	No. 8 ,,
(g.h.)	Sarah Louisa Howells ...	No. 4 ,,
(g.h.)	Lily May Stone	No. 11 ,,

For portion of year :—

(g.h.)	Beatrice M. Lewis ...	No. 10 ,,
(g.h.)	Edith Stephens ...	
(g.h.)	Myfanwy Buckley ...	No. 10 District

Clerks :—

T. J. Rees.
A. O. Morgan.
D. J. Lewis.
D. H. Davies.
Annie R. James.
Annie M. Evans.
D. G. Rosser.
Elsie I. Davies.
Idris Howells.
Gwyn T. Evans.

In charge of Disinfector :—

L. Trenberth.

NOTES.

(a) Holds the Sanitary Inspector's Certificate granted by the Royal Sanitary Institute.

(b) Holds the Meat Inspector's Certificate granted by the Royal Sanitary Institute.

(c) Holds the Certificate in Sanitary Science granted by the Royal Sanitary Institute.

(d) Holds the Sanitary Inspector's Certificate granted by the London Sanitary Inspectors' Examination Board.

(e) Holds the Health Visitor's Certificate granted by the Royal Sanitary Institute.

(g) Holds the Midwives' Certificate granted by the Central Midwives Board.

(h) Has Nursing experience

(i) Holds the Health Visitor's Diploma granted by the Board of Education.

Telephone Numbers.

Medical Officer of Health—Office		39 Pentre
,, ,, Hospital		47 Pentre
Deputy Medical Officer of Health		104 Pentre
Sanitary Inspector		17 Pentre
Assistant Sanitary Inspectors :—		
E. M. Thomas	No. 1 District	60 Treorchy
D. B. Davies	No. 2 ,,	41 Pentre
J. Williams	No. 3 ,,	8 Tonypandy
G. Griffiths	No. 4 ,,	13 Tonypandy
L. T. Davies	No. 5 ,,	3 Porth
G. Reed	No. 6 ,,	2 Ferndale
O. M. Lewis		46 Ferndale
W. J. Evans		174 Porth
I. T. Watkins		58 Treorchy
Maternity and Child Welfare Centre and School Clinic, Ynyshir		71 Porth

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RHONDDA URBAN DISTRICT.

Area	23,885 acres
Population (Census 1921)	162,717
Population (estimate at Midsummer 1925) ...	167,570
Birth-rate for 1925	22·1
Average Birth-rate for 10 previous years ...	26·9
Crude Death-rate from all causes for 1925 ...	12·0
Corrected Death-rate from all causes for 1925	13·4
Average uncorrected Death-rate for 10 previous years	12·6
Zymotic Death-rate for 1925	1·0
Average Zymotic Death-rate for 10 previous years	8.0
Death-rate from Pulmonary Tuberculosis for 1925	0.79
Death-rate from other forms of Tuberculosis for 1925	0·18
Infantile Mortality for 1925 ... per thousand births	96
Average Infantile Mortality for 10 previous years	100

Rhondda Urban District Council.

ANNUAL REPORT

OF

The Medical Officer of Health

FOR 1925.

To the Chairman and Members of the Rhondda Urban
District Council.

LADIES AND GENTLEMEN,

I beg to submit for your consideration my annual report upon the sanitary condition of and the state of the public health in the Rhondda Urban District during the year 1925.

The vital statistics for the year present no exceptional features and merely exemplify the fluctuations which may be expected to occur from year to year, having regard to the variety of the factors which modify the potency of the many causes which contribute to the general death-rate of every community.

The death-rate for the year of 12·0 per thousand of the living population only fractionally exceeds the hitherto lowest rates of 11·1 for 1923 and 11·2 for 1924; the death-rate of 1·0 per 1,000 due to the group of zymotic diseases is in excess of the average for the ten previous years by 0·2; and the infantile mortality rate of 96 per 1,000 births is higher than the previous lowest by 16 though still lower by 4 per 1,000 births than the average for the last decennium.

The public health activities of the year have in the main aimed at consolidating and co-ordinating the preventive measures already initiated, the conditions of trade in the coal industry being such as to discourage the introduction of public health schemes involving new expenditure.

The public health problems pressing their claims upon the attention of the Council are steadily increasing in number, the apparently satisfactory solution of some earlier problems not resulting in a reduction of the total responsibilities of a sanitary authority owing to the ever-widening scope of the activities which health authorities are called upon to initiate and to maintain.

I am,

Yours faithfully,

J. D. Jenkins

Medical Officer of Health.

Tydfil House,
PENTRE, Rhondda.

FURTHER DEVELOPMENTS OF PUBLIC HEALTH SERVICES CONTEMPLATED OR CONSIDERED DESIRABLE IN THE DISTRICT.

Among the most important of the problems referred to in the introductory letter as requiring the attention of the Council are:—

(1) the provision of more houses suitable for the accommodation of the greatly predominating working-classes of the district continues to be the most obviously urgent of all the problems with which the Council is faced, notwithstanding the uncertainty of the future arising from the smaller output of coal and the general unrest in the coal-field;

(2) contingent upon the erection of new houses are the condemnation and closure of a large number of tenements which are unfit for separate occupation, for without an adequate number of new houses the closure of these tenements would only serve to accentuate the conditions of overcrowding and to add to the already large number of instances where houses designed for the accommodation of one family serve for the lodgment of two or more families;

(3) the extension and co-ordination of measures for the promotion of the welfare of women and children which the completion of the Carnegie Welfare Centre now being erected will render practicable will need much time and attention in order that the fullest possible benefits derivable from the use of this munificent gift may be secured;

(4) the full application of the powers conferred upon the Council by the Milk and Dairies Consolidation Act, its

related Acts, and the Orders made in pursuance of their provisions should serve to increase the purity and general cleanliness of the milk sold throughout the district, especially if a general disposition to that end will be shown in the sanitary districts whence the bulk of the milk consumed in the Rhondda is obtained;

(5) a material reduction in the number of private slaughterhouses in the area which the erection of one or more municipal slaughterhouses would occasion would render more practicable and effective a systematic inspection of the meat sold in the district under the Meat Inspection Regulations now in force;

(6) with the extension of the Council's water-supply area to Clydach Vale, the need for improving and supplementing the existing means of purifying and treating the water supplied by them for domestic purposes has become more urgent and imperative;

(7) more insistent calls upon the colliery companies throughout the district to adopt measures specifically designed to prevent the pollution of the air and of our streams should be made by the Council in the interests of the general community;

(8) the establishment of pit-head baths should be encouraged by every means available if only as an expedient for reducing some of the disadvantages now arising from the overcrowded conditions of a large number of houses in the area;

(9) the improvement of the immediate surroundings of a large proportion of the district's houses by the proper formation and maintenance by the Council of the adjoining streets and lanes would add much to the general orderliness

and cleanliness, for unformed and unkempt streets serve to encourage the accumulation and distribution of much unclean and contaminated material in the form of mud and dust;

(10) a further application of the system of destroying house refuse at the Council's destructor is to be advocated especially in view of the fact that the heat thus derived is profitably applied in generating steam for use at the Council's electricity works;

(11) although facilities are available in the form of compulsory notification, hospital isolation and treatment, and home supervision for the control of the more common infectious diseases, some of the most destructive of these diseases, such as measles and whooping-cough, remain practically uncontrolled and call for the adoption of measures mainly in the form of additional staff and hospital accommodation by the utilization of which the disability and mortality from these diseases can be materially reduced;

(12) educational propagandism in promotion of the public health is now formally sanctioned by the Public Health Act, 1925. Though the view may be held that the imparting of knowledge applicable to each individual case is the most effective form of "education," an appeal made to an assembly of persons whose interest it is desired to enlist serves a purpose in awakening those addressed to the existence of public health problems if not to an intelligent appreciation of the direct or indirect importance of such questions to each and every person in the community; and

(13) the great impetus given to the provision of means for open-air recreation by the Mining Industry Act, 1920, has made unnecessary any advocacy in support of

applying the Act's provisions in the district as a whole, but there still remain unsatisfied the needs of several localities where the special circumstances are exceptionally unfavourable to the adoption of feasible welfare schemes.

SOME OF THE CHANGES AFFECTING THE PUBLIC HEALTH EFFECTED DURING THE FIVE LAST YEARS.

WATER SUPPLY.

(i.) Two Bell's mechanical pressure filters, each capable of filtering 120,000 gallons per day, have been installed at Fernhill, Blaenrhondda, and have rendered it possible to supply filtered water by gravitation to the highest houses at the upper end of Rhondda Fawr Valley. Previously such service had not been feasible as the filter beds at the Council's Tynewydd water works were at too low an elevation to allow the water after filtration to reach by gravitation the houses to be supplied.

(ii.) A new tank having a capacity of 1,000,000 gallons was erected at Blaenclydach during 1925 and a pumping plant previously in use for feeding a much smaller tank in the same neighbourhood has been enlarged and its pumping capacity and power increased. The new and larger tank is situated at a height of 1,100 feet above O.D. and will allow the whole of the Clydach Vale area to be supplied from the Council's water works at Tynewydd, Treherbert. Until these supplementary works were provided the water supply of Clydach Vale had been a cause of much anxiety to the Council owing to the great risk of contamination of the former supply which was derived from some adjoining uplands and unworked coal levels and for purifying which there were no effective means before its distribution.

SEWERAGE AND DRAINAGE.

(i.) During this period the sewer serving the whole of Hafod was relaid, the old sewer at the lower end of the district having become irreparably damaged by subsidence. The new sewer was laid along the river bed and supported upon concrete pillars so that the whole of it is within view and easily inspected. Owing to the unfavourable levels it was necessary to provide pumping appliances at the lowest point in the district to secure the transference of the sewage from the lower end of the new sewer to the upper end of the main sewer of the Rhondda & Pontypridd Joint Sewerage Board which discharges into the sea between Newport and Cardiff.

(ii.) A source of many complaints was removed in 1921 by the provision of a new subsidiary sewer for the reception of the sewage of a group of 29 houses at Appletree, Dinas. In this case also the installation of a small pumping plant was necessary owing to the low-lying position of these houses in relation to the main sewer.

(iii.) During the period a total number of 305 closets of the conservancy type were converted into cistern-flushed patterns and there now remain only 130 conveniences which are still unconnected with the general sewerage system as compared with 28,688 on the water-carriage system.

HOUSING.

During the quinquennium ended with 1925, a total of 199 houses were completed, the number for whose erection the Council were responsible being 129, of which 44 are situated at Penygraig, and 50 at Ferndale, while a scheme for the erection of 110 houses at Wattstown was approved in the course of 1925.

MATERNITY & CHILD WELFARE.

The treatment of dental defects in expectant and nursing mothers and in children under 5 years of age was commenced under the Council's welfare scheme in 1920 and during 1924 and 1925 one session a week has been given by the Council's dental surgeon to the dental condition of these three categories of persons. The total number thus treated during the five last years amounted to 1,122, to 423 of whom general anæsthesia was administered.

HOSPITALS.

(i.) A hospital with accommodation for 20 patients was erected in 1924 at Pentwyn between Ton Pentre and Cwmparc. This institution provides treatment for male and female patients in Treorchy, Cwmparc, Pentre and Ton. The Ocean Colliery Workmen and their families are given first consideration, the cost of the hospital and of its equipment having been generously met by Mr. and Mrs. William Jenkins, the first-mentioned being a director and former general manager of the Ocean Colliery Company.

(ii.) The Porth & District Hospital (formerly known as Porth Cottage Hospital) has been extended by the erection of a ward of 23 beds thus bringing the total accommodation at this hospital to a total of 71 beds.

(iii.) The Llwynypia Homes, a poor law institution under the administration of the Pontypridd Board of Guardians, was converted in 1924 into a General Hospital and was opened on September 24th, 1925. The cases treated there are not limited to those in receipt of poor-law relief in any form. The whole of the institution has been re-organised under the guidance of Dr. Melbourne Thomas, the Medical Superintendent, who, at the time of writing, is assisted by two resident medical officers. The Hospital as now organised has been approved as a training school for nurses and is already materially helping to fill a very great need of hospital accommodation in the district.

AREA, PHYSICAL FEATURES, AND GENERAL CHARACTER OF THE DISTRICT.

The Rhondda Urban District, with an area of 23,885 acres, is about 12 miles long by about 4¾ miles across at its widest part. It is irregularly oval in shape, with its long axis running in a south-easterly direction. Contained within the area are two narrow winding valleys bounded by steep hills which rise to considerable heights ranging from about 560 on either side of Trehafod to 1,340 feet to the north-east of Maerdy and to 1,950 feet at Carn Moesau to the north-west of Treherbert. The two valleys commence at some distance from each other in *cul-de-sacs*, quickly converge to meet at Porth, and are thence continued as one valley for just over a mile to merge into the adjoining portion of Pontypridd Urban District at Trehafod. This arrangement resembles an irregularly-shaped **Y**, the stem containing the localities known as Porth and Trehafod, the larger limb, about 9½ miles long, being the Rhondda Fawr Valley, and the smaller limb, about 6½ miles long, being the Rhondda Fach Valley. Each valley is divided into a number of localities which possess distinctive names and were at one time separate from each other but which by their growth have become indistinguishable. The two valleys are separated by a steep ridge which rises from a point 600 feet high just above the junction to an elevation of 1,692 between Treherbert and Maerdy near the upper end of the district. The Rhondda River, formed at Porth by the junction of the Rhondda Fawr and Rhondda Fach Rivers is 240 feet above O.D. at its lowest point in the district while the Rhondda Fawr River attains an elevation of 720 feet at Blaenrhondda, and the Rhondda Fach River the still greater height of 920 feet at Maerdy.

The valleys are very narrow and winding and allow in many places barely sufficient space for river, road, and railway. Here and there, however, as at Treorchy and Ton, the valleys open out to some extent and it is mainly at these expansions that large numbers of houses have been built. Leading out of the main valley are a few branch valleys of which Cwmparc, Clydach Vale, and Cymmer are the most important and contain considerable populations of their own.

Extensive and still unutilized building sites within the area are now available only on the steep hill-sides and on the hill-tops so that building is becoming progressively more expensive and comprehensive town-planning is impracticable.

Owing to the steepness of the ground drained by the rivers and to the heavy rainfalls often experienced in the area, the lower districts are subject to sudden floods so that inundations of a number of dwelling-houses in the low-lying localities are not infrequent. For the same reason large quantities of debris from the hills and from the colliery spoil-heaps are washed down to obstruct roads, choke drains, damage houses and their contents, and overcharge the sewers.

Fish life cannot be maintained in the rivers owing to the extent of their pollution with small coal and the discharge into them, especially from coke ovens, of considerable volumes of hot water.

Owing to the effect of the winning and working of coal in the area, the surface strata are subject to irregular subsidence, ascertained in some instances to have amounted to 8 feet in 10 or 12 years. This result of colliery operations leads to many secondary but important consequences which materially affect the public health owing to the extent to which they are responsible for rendering uninhabitable the houses in many localities, for interfering with the local water supplies, and for breaking the continuity of all pipes and conduits such as sewers, drains, and gas and water mains.

The carboniferous strata are overlain by Pennant sandstone and, in the upland portions of the district, small areas of clay underlying peat are common.

Formerly the colliery companies disposed of the debris raised from their pits by depositing it in the neighbourhood of their pit shafts, usually situated in the lowest and flattest portions of the district, and thus served to reduce the amount of the most convenient building ground as well as to deface scenery which was at one time exceptionally fair to look upon. In recent years want of available space at lower levels has made it necessary to convey the debris by "conveyers" or by "inclines" to the hill tops while some of the older accumulations are being shaped and adapted for use as recreation grounds.

Coal-mining is practically the sole industry of the district, 41,508, or 74·3 per cent. of the total occupied males, being directly employed in connection with the collieries in the district at the time of the 1921 census.

A railway service is provided by the Great Western Railway Company, there being fourteen passenger stations within the area and a private company runs, along the main arterial roads, an electric tramway system, substituted by a service of motor buses along some of the most declivitous routes.

The rateable and assessable values of the district are £603,257 and £543,334 respectively and a penny rate on the latter produces £2,264 (gross). (cf. Appendix, Table 2).

According to information kindly supplied by Mr. W. Spickett, Clerk to the Pontypridd Guardians, the average number of cases in receipt of relief in the Parish of Rhondda during the year ended December 31st, 1925, was 7,164 and the total amount of relief granted was £322,841 5s. 10d. During the same period 678 cases received medical treatment at the Llwynypia Hospital, which belongs to the Guardians.

POPULATION.

1921	(Census)	162,717
1925	(Registrar-General's estimate for mid-summer)	167,570

The population of the Rhondda Urban District, as estimated by the Registrar-General at mid-summer 1925, amounted to 167,570 persons. This figure is less than that of 1924 by 330 persons but is 4,853 in excess of the population enumerated in the Rhondda in the Census year 1921. The year 1925 is unique in the history of the Rhondda in that it affords an instance of a lower estimated population than that of the preceding year. Up to 1923 the population had progessively increased in number, the 1924 population was the same as in 1923, whilst that for 1925 is less as stated. The diminution in the estimated population is attributable to the depressed state of the coal industry, leading to lack of employment in the district and the consequent emigration of large numbers of the population to other districts or countries.

The natural increase of the population, or the excess of births over the number of deaths, which occurred during the year, was 1,697, equivalent to a rate of 10·1 per 1,000 of the population. This is the lowest rate in this connection recorded in the statistics of the district and is less than half the average annual rate of the natural increase of 21·4 per 1,000 pertaining to the ten years 1905 to 1914, inclusive (cf. Appendix, Tables 1 and 1a).

BIRTHS.

	1925.	Average for ten years. 1915-1924.
Number of Births	3,709	4,413
Birth-rate in Rhondda	22·1	26·9
Birth-rate in England and Wales ...	18·3	20·4

The total number of births registered during the year 1925 reached an aggregate of 3,709 and the resulting birth-rate was 22·1 per 1,000 of the population. This birth-rate is the lowest recorded in the vital statistics available for the district and is 1·1 per 1,000 lower than the previous lowest birth-rate of 23·2 belonging to 1923. Although the birth-rate in the Rhondda has reached its lowest point up to the present, it still compares favourably with the birth-rates of 18·3 and 18·8 recorded during the year for England and Wales and the 105 Great Towns respectively. The quarterly distribution of the births which occurred in the district during the year was 841, 943, 1,038, and 828 in the four quarters successively and these, added to 59 Rhondda births which occurred outside the district, reached the total of 3,709 already mentioned. During 1925 there was an excess of 37 male over female births, this preponderance of males being the usual experience in contrast to 1924 when, exceptionally, the number of female births was in excess. A comparison of the birth-rates in the various wards of the district showed that wards 1 and 10, each with a birth-rate of 24·6 per 1,000, provided the highest figures while Ward 3 with a birth-rate of only 17·4 per 1,000 was at the other extreme. The average annual birth-rate for the quinquennium ended in 1925 was 24·6 per 1,000 of the population and was therefore not much in excess of half the corresponding rate of 42·66 pertaining to the period of the five years ended in 1895 (cf. Appendix, Table 7).

ILLEGITIMACY.

The number of illegitimate births belonging to the Rhondda registered during the year was 105, and it is satisfactory to note that this is the smallest number registered since 1906 when the estimated population was nearly 35,000 less than that of 1925. The illegitimate birth-rate was 0·63 per 1,000 of the population and the rate of illegitimacy was 28·3 per 1,000 births. The estimated number of unmarried and widowed females between the ages of 15 and 45 years in the Rhondda in 1925 was 14,838 and the number of illegitimate births per 1,000 of such females was 7·1, the corresponding figures in the years 1921, 1922, 1923, and 1924, being 11·5, 10·3, 7·7, and 9·7 respectively. The rate calculated on this basis for the year under review is the lowest hitherto attained in our records.

With the exception of the occurrence of 144 illegitimate births in 1924 the number of children born out of wedlock during the last five years has shown a steady yearly decline from a maximum in 1921 of 170, which is the highest number yet recorded in the district in any one year (cf. Appendix, Table 6).

DEATHS.

	1925.	Average for ten years. 1915-1924.
Number of Deaths	2,014	2,065
Rate per 1,000, Rhondda ...	12·0	12·6
Rate per 1,000, 105 Great Towns ...	12·2	13·8
Rate per 1,000, England and Wales ...	12·2	13·6

During the year under consideration 1,922 deaths were registered in the Rhondda but 45 deaths were of persons who were not ordinarily resident in the district. On the other hand 137 Rhondda residents died in various places outside that area and the resultant number of deaths among the inhabitants of the district during 1925 was 2,014, equivalent to a death-rate of 12·0 per 1,000 of the population. This rate compares favourably with a death-rate of 12·2 per 1,000 for the 105 Great Towns and for England and Wales as a whole.

Compared with the death-rates of 11·2 and 11·1 for 1924 and 1923 respectively the 1925 death-rate shows a slight increase and is also higher than the annual average death-rate of 11·74 for the quinquennial period ended with 1925. It is interesting to note however that the annual average death-rates in the six preceding five-yearly periods extending as far back as 1891 were 13·04, 14·76, 15·82, 18·7, 20·4, and 21·0 respectively, so that there has been a material progressive decrease in the death-rate relating to six successive periods of five years. Of the 137 deaths of Rhondda residents which occurred outside the district, 44 took place at the Cardiff Infirmary, 32 at Pontypridd Homes and 28 at the County Asylum, Bridgend.

The Rhondda occupied the thirty-ninth position in a comparative table compiled from the quarterly returns of the Registrar-General for 1925 and showing the 105 Great Towns arranged in the order of their death-rates from the lowest to the highest.

The chief diseases certified as the cause of death and the respective numbers caused thereby were:—

Bronchitis	caused	225	deaths
Organic Heart Disease	,,	220	,,
Pneumonia	,,	138	,,
Phthisis	,,	133	,,
Congenital Debility, Malformation, and Premature Birth	,,	128	,,
Cancer and Malignant Disease	,,	113	,,
Cerebral Hæmorrhage	,,	103	,,
Violence	,,	98	,,

In the eleven wards of the district the death-rate was lowest in ward 6 with a rate of 10·1 per 1,000 of the population whilst wards 2 and 7, each with a death-rate of 13·6 per 1,000, were the most unfavourably placed.

The numbers and percentage proportions of the Rhondda deaths for the year, allocated in accordance with their respective age groups, were as follows:—

355 or 17·6 per cent. under 1 year.
139 or 6·9 per cent. 1 year and under 2 years.
114 or 5·7 per cent. 2 years and under 5 years.

76 or 3·8 per cent. 5 years and under 15 years.
116 or 5·8 per cent. 15 years and under 25 years.
257 or 12·8 per cent. 25 years and under 45 years.
470 or 23·3 per cent. 45 years and under 65 years.
487 or 24·2 per cent. 65 years and over.

An analysis of the death-rates due to bronchitis, organic heart disease, primary pneumonia, and cancer, which are four of the principal causes of death, discloses considerable fluctuations in the course of the last 25 years. Since 1918 *bronchitis* has caused more deaths than pneumonia, and, with the exception of the years 1915 and 1925, has given rise to more fatalities than either cancer or heart disease. During the whole of this period the death-rate from bronchitis has maintained a relatively high level, ranging from 0.98 per 1,000 in 1911 to 1·89 per 1,000 during the year now under review.

Up to 1920 *organic heart disease* occupied the third position as a cause of death but since that year the fatalities from this disease have exceeded those due to pneumonia. Heart disease as contributor to the death-rate has increased its potency from 0·85 per 1,000 in 1920 to 1·31 per 1,000 in 1925, whilst there was a decline in its influence from 1·23 per 1,000 in 1915 to 0·82 per 1,000 in 1918 at which comparatively low level it remained until 1920.

From the beginning of the century down to 1919 *pneumonia* was responsible for a higher mortality-rate than any other disease, the death-rates attributable to it in 1902, 1904, 1905, 1908, and 1914 having reached 2·52, 2·23, 2·27, 2·24, and 2·33 respectively per 1,000 of the population. Since 1920 however the average annual pneumonia death-rate has been only 0·78, or less than half the average rate for the twenty previous years.

The death-rate from *cancer* has increased, with occasional remissions, from a minimum of 0·37 per 1,000 in 1901 to a maximum of 0·81 in 1922 and the average annual death-rates from this cause in the five-yearly periods since 1900 were, in succession, 0·43, 0·50, 0·57, 0·60, and 0·71 per 1,000 of the population.

UNCERTIFIED DEATHS.

Of the 1922 deaths which were registered within the Rhondda Urban District during the year, 1798 were certified by registered medical practitioners, the District Coroners held inquests on 122 and the remaining two were uncertified by either Coroner or medical attendant.

The respective proportions of the certified deaths, inquest cases, and uncertified deaths were 93·5, 6·3 and 0·1.

In the case of the two uncertified deaths the causes of death assigned were:—

Heart disease.
Natural causes.

STILL-BORN CHILDREN.

I am indebted to the Sextons of the three Cemeteries for a record of the number of still-born children brought for burial during the years 1905 to 1925.

Year.	No. of Still-born Children recorded.	No. of Births Registered.	Rate per 1,000 Births.	Average for 10 year periods.
1905	367	4,664	78·7	62·7
1906	323	4,751	67·9	
1907	346	4,831	71·6	
1908	354	5,454	64·9	
1909	337	5,577	60·4	
1910	321	5,328	57·0	
1911	292	5,491	53·2	
1912	268	5,236	51·2	
1913	330	5,505	59·9	
1914	355	5,558	62·1	
1915	257	4,983	51·6	52·3
1916	230	4,481	51·3	
1917	236	4,145	56·9	
1918	203	4,346	46·7	
1919	205	4,263	48·1	
1920	226	5,046	44·8	
1921	243	4,898	49·6	
1922	228	4,103	55·6	
1923	237	3,897	60·8	
1924	227	3,970	57·2	
1925	**215**	**3,709**	**60·0**	

For purposes of comparison there is also appended a table giving the corresponding figures for premature births:—

Year.	Deaths from Premature Birth.	No. of Births Registered.	Rate per 1,000 Births.	Average for 10 year periods.
1905	62	4,664	13·3	**15·5**
1906	69	4,751	14·5	
1907	68	4,831	14·1	
1908	88	5,454	16·1	
1909	93	5,577	16·7	
1910	85	5,628	15·1	
1911	85	5,491	15·5	
1912	87	5,236	16·6	
1913	84	5,505	15·3	
1914	99	5,558	17·8	
1915	65	4,983	13·0	**17·2**
1916	75	4,481	16·7	
1917	72	4,145	17·4	
1918	77	4,346	17·7	
1919	98	4,263	23·0	
1920	87	5,046	17·2	
1921	82	4,898	16·3	
1922	71	4,103	17·3	
1923	63	3,897	16·2	
1924	67	3,970	16·9	
1925	**51**	**3,709**	**13·8**	

INFANTILE MORTALITY.

		1925.	Average for ten years. 1915-1924.
Rhondda, per 1,000 Births	...	96	97
105 Great Towns ...	...	79	93
England and Wales ...	...	75	87

By the expression Infantile Mortality is meant the ratio of the number of deaths of babies under a year old to the total number of births in a given period and it is expressed as the number of infantile deaths in relation to every thousand births registered in the district during the year.

In 1925 there were 3,709 births and 355 deaths of children under 12 months registered as belonging to the Rhondda, the resultant infantile mortality-rate being 96 per thousand births. This rate is 16 higher than that for 1924 but one lower than the district average for the ten previous years.

The corresponding rates for the four County Boroughs in Wales—Cardiff, Merthyr, Newport, and Swansea—were 93, 99, 89, and 69 respectively.

As in previous years the rate of mortality was much higher among the illegitimate than among the legitimate children, 22 deaths out of 105 of the former resulting in an infantile death-rate of 210 per thousand births as compared with a death-rate of 92 per 1,000 of those born in wedlock. Among the causes which tend to make the illegitimate infantile death-rate higher than that for the legitimate children may be mentioned the difficulties in the way of breast-feeding in these instances, the prejudicial influence of her condition upon the health of the expectant unmarried mother, the ill results of efforts not infrequently made to conceal the condition and to procure abortion, and the greater liability to the occurrence of venereal disease in an unmarried mother.

Reference to Table IV (Appendix) serves to show that the diseases or conditions which contributed most largely to the fatalities among the infants of the district were pneumonia and bronchitis with 64, debility and marasmus with 55, prematurity with 57, convulsions with 48, gastro-intestinal disease with 40, and congenital malformations with 21 deaths. Twenty-six deaths were also attributable to measles and 16 deaths to whooping cough, and probably some of the deaths ascribed to pneumonia and bronchitis were secondary to these two zymotic diseases.

The deaths of infants under four weeks old numbered 137, or 38 per cent., and 92, or 26 per cent. of the total, died within the first week of life.

Systematic records were kept by the health visitors of practically all babies registered in the district. The number of wholly breast-fed babies amounted to 3,222, or 85 per cent. of the total, which is a decrease of 2 per cent. as compared with the previous year; of these 174, or only 5·4 per cent. died before reaching the age of twelve months. There were 70 partly breast-fed babies with 20 deaths and a consequent mortality of 28·6 per cent.; the number entirely bottle-fed amounted to 411, with 76 deaths and a mortality of 18·5 per cent. No fewer than 48 babies were so feeble at birth as to be incapable of being fed at all, and an additional 31, for a similar reason, had to be spoon-fed from birth and of these 26, or 84 per cent., failed to survive, Of the 481 bottle-fed babies the boat-shaped bottle was used in 457 instances and the long-tube bottle in 24 cases so that this condemnable form continues to maintain a considerable hold upon the mothers of the district (cf. Table).

Some Statistics relating to Diets and Modes of Feeding.

		Total number in respect of whom records are available (3782)	Percentages of the total	No. of deaths in each group (344)	Percentage of deaths to No. in each group.	Percentage of deaths in each group to fatalities investigated.
Breast-fed		3222	85	174	5·4	51
Partly breast-fed		70	2	20	28·6	6
Entirely bottle-fed		411	11	76	18·5	22
Spoon-fed		31	0·8	26	83·9	8
Unfed		48	1	48	100·0	14
Bottle used.	Boat-shaped ...	457	12	96	21·0	28
	Tube	24	0·6	—	—	—
	Boat-shaped and tube ...	—	—	—	—	—
Varieties of Milk used.	Cows'	80	2	30	37·5	9
	Condensed ...	276	7	53	19·2	15
	Dried	112	3	25	22·3	7
Patent Foods		44	1	14	31·8	4

The health visitors, in their official capacity as such, paid 24,447 visits to the homes in the district in the course of the year and were, by doing so, enabled to appreciate the difficulties met with in individual cases and to offer advice of the kind and in the form best adapted to assist the mothers in overcoming or counteracting circumstances unfavourable to their children's welfare.

The dental treatment of mothers and young children offered in suitable cases is slowly becoming more appreciated. During the year 120 mothers and 314 children under 5 years of age were dealt with at the dental department at the Council's Ynyshir Centre, as compared with 144 and 230 respectively in the year 1924. The cases treated under anæsthesia totalled 179 as compared with 180 in the previous year.

Welfare Centres. Owing to a continuance of the financial stringency which has existed for a few years it has not been practicable to add to the number of welfare centres during the year, those available remaining limited to the two situated at Ystrad and Ynyshir respectively, the former, on two afternoons a week, serving the upper two-thirds of Rhondda Fawr, and the latter, on three afternoons a week, the remainder of the district.

During the year, 1,724 babies, or 46 per cent. of the total born in the district, were brought to the centres and, in addition, 713 children between the ages of 1 and 5 years of age also attended. The aggregate number of attendances in the case of the former amounted to 10,318, or an average of 4·4 visits per baby, the corresponding figures for the older children being 7,272 and 4 respectively. Ynyshir Centre with 10,506 visits on 150 sessions gave an average attendance of 70 per session, and Ystrad, with 7,857 visits on 102 sessions, gave the still higher average of 77 visits per session.

Ante-natal Work. The number of visits paid to the Ystrad Centre by 179 expectant mothers amounted to 209 during the year, the corresponding numbers at the Ynyshir Centre being 410 and 540 respectively, so that a total of 589 expectant mothers sought advice regarding their condition within the year under review. Similarly, 78 nursing mothers attended for the same purpose.

A comparison of the mortality among centre-attending babies on the one hand and the non-attending babies on the other hand, after the exclusion of all babies under three weeks old, affords evidence that the advantages to be derived from attendance at the centres is considerable, for the mortality rates for the two categories were 44 and 81 per thousand respectively in the course of the year.

The considerable increase in the 1925 infantile death-rate for the Rhondda, although disappointing, should not have a discouraging effect on those devoting their time and attention to its reduction, for it only exemplifies, perhaps to an unusual extent, the fluctuations that may be expected to occur in one of the most sensitive elements contributing to the general mortality. It would be extravagantly sanguine to hope that the decrease in the infantile mortality which has characterized the vital statistics of the district in recent years would continue to be progressive and uninterrupted.

While it is generally agreed that among the most important of the forces favouring a high infantile mortality are injudicious artificial feeding, want of fresh air and sunlight, unsuitable clothing, and an insufficient amount of sleep, it is somewhat speculative to venture upon an opinion as to the relative potency of these influences in causing the unfavourable infantile mortality-rate of the year under review. It may be suggested that the relatively larger number of artificially-fed infants already referred to, the increase of overcrowding in the homes of the district, and the larger amount of unemployment in the area helped to produce the high infantile mortality among infants characterizing the year 1925. It may be confidently asserted however that the most important factor immediately affecting the preservation of infant life is the nature of the maternal care and attention given to the baby and it is in fostering and guiding this vital influence for good that the intensive and individual attention which can be given by the trained staff of a welfare department offers the most hopeful possibilities as a preventive of infantile deaths.

The accompanying table provides summarized information bearing upon infantile mortality in the district throughout the year :—

Table giving in detail the information obtained by the Health Visitors concerning deaths of 344 children under one and 213 children born dead.

		Deaths of children under one.		Still-Births.	
		Total Number.	Per cent. of Total Cases.	Total Number.	Per cent. of Total Cases.
Sex	Male	187	54	122	57
	Female	157	46	91	43
Ages at Death	0—12 hours ...	25	7		
	12—24 ,, ...	13	4		
	1—7 days ...	48	14		
	1—4 weeks ...	44	13		
	1—2 months ...	37	11		
	2—3 ,, ...	15	4		
	3—4 ,, ...	17	5		
	4—5 ,, ...	13	4		
	5—6 ,, ...	20	6		
	6—7 ,, ...	18	5		
	7—8 ,, ...	14	4		
	8—9 ,, ...	19	6		
	9—10 ,, ...	16	5		
	10—11 ,, ...	26	8		
	11—12 ,, ...	19	6		
Maturity	Mature	272	79	126	59
	Premature	72	21	87	41
Insured		80	23		
Not well from birth		103	30		
Previously visited by Health Visitor		230	67		
Separated from Mother ...		3	—		
Breast-fed		174	51		
Partly Breast-fed and partly otherwise		20	6		
Bottle-fed		76	22		
Spoon-fed		26	8		
Unfed		48	14		
Bottle used	Boat-shaped	96	28		
	Tube	—	—		
	Boat-shaped and Tube ...	—	—		
Milk	Cows'	30	9		
	Condensed	53	15		
	Dried	25	7		
Patent Foods		14	4		
Abnormal number of flies in house		—	—		
Insanitary condition of house ...		—	—		
Overcrowding		18	5		
Previous deaths—					
1 child under one year of age ...		49	14	22	10
2 children ,, ,, ...		13	4	10	5
3 children ,, ,, ...		7	2	2	0·9
4 or more children ,, ...		2	0·6	1	0·5
Total number with previous deaths of Infants under one year ...		71	21	35	16
Number with 1 previous still-birth		21	6	15	7
,, ,, 2 ,, still-births		6	2	13	6
,, ,, 3 ,, ,, ...		1	0·3	4	2
,, ,, 4 or more ,, ...		1	0·3	5	2
Total number with previous still-births		29	9	37	17
Abnormal condition of mother ...		6	2	—	—
Difficult birth		31	9	45	21
Illegitimate		18	5	4	2

MILK ASSISTANCE SCHEME UNDER THE MATERNITY & CHILD WELFARE ACT, 1918.

With the sanction of and subject to conditions imposed by the Ministry of Health under the provisions of the Maternity and Child Welfare Act, 1918, a considerable amount of milk was supplied to necessitous persons in the area during the year 1925, either free of cost or at or below cost price.

Applications for milk were submitted to the consideration of a Committee appointed for the purpose and guidance in the choice of the form, quantity, and mode of administration of the milk best suited for each applicant has been given by the Medical Officer presiding at the two Welfare Centres, where each applicant attended for the receipt of dried milk or for the authority to supply for the milk-vendor concerned when fresh milk was recommeded. In this manner the distribution of the milk was made under medical supervision and, with the assistance of the health visitors when visiting the homes, some degree of assurance was obtained that the milk was properly utilised.

The total number of persons benefited by the scheme amounted to 3,205 of whom 310 were expectant mothers, 627 were nursing mothers, 2,087 were children under 3 years of age, and 181 were children between 3 and 5 years of age, the total number of families involved being 2,384. The number who benefited during 1924 was 2,549, and the figures for 1925 showed an increase in all categories but proportionately least in the number of nursing mothers and greatest in the case of expectant mothers. Owing to the depressed state of the coal industry in the district and the consequent unemployment, the number of necessitous persons has increased and the recipients of the milk supplied under the scheme greatly appreciate the assistance given and the arrangement serves its immediate purpose through its beneficial influence upon the welfare of the child population in the district.

The total expenditure on milk supplied free or below cost price was £7,585 12s. 11d. of which £6,219·3s. 7d. was expended on fresh milk and £1,366 9s. 4d. on dried milk. The receipts from the sale of dried milk at or below cost price amounted to £847 5s. 10d., its sale being governed generally by the same considerations as have been outlined in connection with the supply of milk gratuitously.

MIDWIVES ACT, 1902, AND SUPERVISION OF MIDWIVES.

The supervision of the midwives in the district is carried out by the Rhondda Urban District Council in virtue of the delegation of its powers by the Glamorgan County Council to the District Council under Section 9 of the Midwives Act, 1902.

The number of midwives on the local roll was 110 in 1925 as compared with 120, 123, 125, 130, and 131 in 1924, 1923, 1922, 1921, and 1920 respectively. There has therefore been a progressive diminution in recent years in the number of practising midwives in the area, but there has been also a co-incident though not quite proportionate reduction in the number of births during the same period, and the average number of births to each midwife remains at the comparatively low figure of 34. There was however a greater disparity than usual in the distribution of the births, the difference ranging from a maximum of 154 to a minimum of one.

The number of midwives who have been granted certificates by examination number 87 and the remaining 23 have been placed on the roll because they were in *bonâ fide* practice on August 1st, 1901. The 87 trained midwives attended 3,272 births and in 557 cases, or 17 per cent., called in a doctor. The corresponding figures for the 23 untrained midwives were 584, 96, and 16. The trained midwives lost 12 mothers, or 0·4 per cent., and 65 babies, or 2 per cent., while the untrained women lost one mother, or 0·2 per cent., and 12 babies, or 2 per cent.

During the year 42 notifications were received from midwives of the adoption of artificial feeding, ward 1 with 15 cases having again the unenviable distinction of being among the localities to contribute the largest number.

There were paid 360 routine visits and 40 special visits of inspection or inquiry by the inspector of midwives (Dr. H. G. Jones), the special visits being required owing to the occurrence of ophthalmia neonatorum in 20 instances, septic infection in 18 cases, and an unusual risk of conveying infection on two occasions.

The accompanying table gives a summary of the information supplied by the midwives of the district in conformity with the rules of the Central Midwives Board concerning the causes calling for medical attention, distinction being made between day and night calls, the grouping in the other columns being in accordance with the local distribution of the calls :—

Record of Sending for Medical Help, 1925.

Reason given for Sending	Day.	Night.	WARDS.											Total
			1	2	3	4	5	6	7	8	9	10	11	
Abortion or Threatened Abortion	12	5	—	—	1	3	—	3	3	1	—	—	6	17
Dangerous Varicose Veins ...	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Fits or Convulsions ...	2	3	1	3	—	1	—	—	—	—	—	—	—	5
Malpresentation	21	15	4	8	—	—	4	4	4	2	3	3	4	36
Excessive bleeding ...	4	4	1	1	1	—	2	3	—	—	—	—	—	8
Rupture of the Perineum ...	60	41	17	4	4	8	12	12	1	7	9	5	22	101
Puffiness of Hands and Face	4	1	1	—	—	—	—	—	1	2	—	—	1	5
Rigid Os	2	2	—	—	—	1	1	—	—	1	—	—	1	4
Persistent Occipito-Posterior	9	6	1	3	—	—	—	2	1	5	1	—	2	15
Prolonged Labour	91	93	21	29	6	10	9	20	18	22	12	8	29	184
Adherent Placenta and Membranes	21	17	7	1	2	4	4	3	—	1	4	4	8	38
Ante Partum Hæmorrhage ...	7	9	2	2	—	1	1	2	2	—	1	3	2	16
Post Partum Hæmorrhage ...	6	6	—	1	—	1	2	6	—	—	1	—	1	12
Obstructed Labour ...	16	19	4	—	2	2	3	6	1	6	7	2	2	35
Uterine Inertia	14	11	—	4	1	2	1	4	1	—	4	—	8	25
Contracted Pelvis	6	4	1	2	—	2	1	—	—	3	—	1	—	10
Exhaustion	11	8	2	—	—	1	—	1	—	2	—	3	10	19
Rise in Temperature ...	11	6	3	2	2	—	—	1	2	3	—	1	3	17
Prolapse of Cord	2	2	—	1	—	—	—	—	1	1	—	—	1	4
Purulent Discharge ...	1	—	1	—	—	—	—	—	—	—	—	—	—	1
Still Birth	5	—	—	—	—	1	1	2	—	—	—	—	1	5
General Weakness ...	2	—	—	—	—	—	1	—	—	—	1	—	—	2
Excess of Liquor Amnii ...	—	1	—	—	—	—	—	—	—	—	—	—	1	1
Heart Trouble	1	1	—	—	—	—	—	—	—	—	—	—	2	2
Difficult labour	8	4	1	1	—	—	2	6	—	1	1	—	—1	12
Rigor	1	2	—	—	—	—	1	—	1	—	—	—		3
Cracked Nipples	1	1	—	—	—	—	—	1	1	—	—	—	—	2
Prematurity	4	4	1	1	—	—	1	2	2	—	—	1	—	8
Acute pain in left side ...	1	—	—	—	—	1	—	—	—	—	—	—	—	1
Excessive Sickness ...	—	1	—	—	1	—	—	—	—	—	—	—	—	1
No presentation	2	—	—	1	—	—	—	1	—	—	—	—	—	2
Inflamed breast	1	—	—	—	—	—	—	—	1	—	—	—	—	1
Acute Stomach trouble ...	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Hysteria	1	—	—	—	—	—	—	1	—	—	—	—	—	1
Severe pains in leg ...	1	—	—	—	—	—	—	—	1	—	—	—	—	1
Severe pains in head ...	—	1	—	1	—	—	—	—	—	—	—	—	—	1
Dangerous feebleness of Infant	12	6	3	1	—	—	1	1	3	3	2	1	3	18
Malformation of Child ...	5	2	2	—	—	1	—	2	2	—	—	—	—	7
Discharge from baby's eyes ...	29	3	11	3	—	1	1	1	5	3	2	—	5	32
Rash on Body	1	—	—	—	—	1	—	—	—	—	—	—	—	1
Snuffles	2	—	—	—	—	—	—	—	2	—	—	—	—	2
Spina Bifida	2	1	1	1	—	—	—	—	—	—	—	—	1	3
Circumcision	3	—	—	—	—	—	—	—	1	—	—	—	2	3
Asphyxia...	1	—	—	—	—	—	—	—	1	—	—	—	—	1
Tongue Tie	1	1	—	—	—	—	—	—	—	—	—	—	2	2
Jaundice	—	1	—	—	—	—	—	—	1	—	—	—	—	1
Illness of Baby	1	—	—	—	—	—	—	—	—	1	—	—	—	1
Club feet	—	1	—	1	—	—	—	—	—	—	—	—	—	1
Offensive smell of Umbilical Cord	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Totals ...	388	282	85	71	20	41	48	84	56	64	48	32	121	670

PUERPERAL FEVER.

	1925.	Average for ten years. 1915-1924.
Number of Cases	16	13
Number of Deaths	5	8
Death-rate per 1,000, Rhondda ...	0·03	0·05

Puerperal fever is an infective condition of the mother occurring after and as a direct result of childbirth. The liability to its occurrence can be reduced greatly by the observance of surgical cleanliness and thorough aseptic precautions by doctor and midwife in attendance, and it is generally agreed that as one of the means to this end as little internal examination as is consistent with the safety of mother and child should be resorted to.

The number of notifications of this disease received during the year was 16 and 5 deaths resulted; there was thus an increase of 3 cases as compared with the previous year while the number of deaths remained unaltered. The deaths represent a mortality of 1·3 per 1,000 births, 0·03 per 1,000 of the population, and 31 per cent. of the notified cases. One of the fatalities occurred at The Llwynypia Poor Law Hospital, the confinement having taken place at that institution.

In 4 of the cases doctor and midwife were in attendance, 3 of them requiring instrumental interference and in the fourth version was performed. In 9 cases the midwife only was present at birth. In the remaining 3 cases neither doctor nor midwife was present, one of these being a case of abortion, while the other two were full-term deliveries.

The total maternal mortality for the district continues to be higher than that for the country generally, that for the Rhondda in 1925 being 5·11 per 1,000 births as compared with 3·86 for England and Wales. When the causes of death are grouped into septic conditions (including puerperal fever) and "other causes," it is found that the excess in the local rate is due entirely to the latter which claimed 3·77 per 1,000 births as compared with 1·34 attributable to sepsis, these two constituent causes for England and Wales being responsible for the rates of 2·24 and 1·62 respectively. The greater influence of the accidents of childbirth in the causation of our higher maternal mortality is disappointing and unexpected, especially in view of the availability of assistance from both doctors and midwives throughout the district, the services of the former being embraced by the terms of the medical contract practice common in the area. It is hoped that the expansion of ante-natal work which will take place when the New Carnegie Welfare Centre will become available will serve to reduce the ill effects of or to prevent the most important of the unfavourable conditions apt to arise at confinements, and if this influence will be combined with the provision of a few maternity beds for the use of cases expected to prove unusually difficult, the district maternal mortality from both these groups of causes should be lowered materially.

OPHTHALMIA NEONATORUM.

Number of Notified Cases	73
Rate per 1,000 Registered Births	20

During the year 1925, there were notified throughout the district 73 cases of ophthalmia neonatorum, which is defined as a purulent discharge of one or both eyes occurring within the first three weeks of life.

The number notified is 11 fewer than in 1924 and is equivalent to a rate of incidence of 20 per 1,000 births. Medical practitioners notified 15, midwives 46, and the remaining 12 were reported by both doctor and midwife. In 10 instances the right eye only was affected, in 16 the left only, and in 47 both eyes became involved.

Out of the 73 cases, 67 were known to make complete recoveries, 4 died during the course of the disease, one was removed from the district before the result was known and in one instance permanent injury in the form of opacities on both corneæ resulted. The last-mentioned case was born in an institution in the district and did not come under the observation of the Health Department until the injury had already taken place.

Every notified case is visited by the medical inspector of midwives and by a health visitor. Active assistance was given at such visits to 35 cases, the number of visits to individual sufferers ranging from 39 to one, with an average of 8·9 visits per case. The duration of the disease varied from 90 days to 4 days, the average duration being 26·5 days. In only 4 instances was it ascertained that there was a co-incident vaginal discharge in the mothers. The midwives are encouraged to observe the rule of the Central Midwives Board requiring each case of eye discharge to be reported to the doctor and, in addition, to the medical officer of health when the discharge is tending to be purulent. As a consequence many of the notified cases are too mild to be instances of true ophthalmia and the high incidence rate of 20 per 1,000 births, in contrast with the rate of 8·6 for England and Wales in 1924, supports this view.

A summary of the above details is given in the following table :—

Cases.			Vision un-impairad.	Vision impaired.	Total Blindness.	Deaths.	Removed from district.
Notified.	Treated.						
	At home.	In hospital.					
73	72	1	67	1	—	4	1

ZYMOTIC DISEASES.

	1925.	Average for ten years. 1915-1924.
Total number of Deaths in Rhondda from Zymotic Diseases ...	171	138
Zymotic Death-rate for Rhondda...	1·0	0·8

The group of "zymotic diseases" comprises small-pox, measles, scarlet fever, whooping cough, diarrhœa, diphtheria, and enteric fever (including simple continued fever).

This group of diseases was the cause of 171 deaths during 1925 and thus contributed a death-rate of 1·0 per 1,000 of the population. No deaths were attributed to small-pox and simple continued fever whereas measles, whooping cough, and diarrhœa caused 92, 43, and 20 deaths respectively and the remaining diseases in the group caused 16 deaths.

In contrast to 1924, which provided the lowest zymotic death-rate recorded in the history of the Rhondda, the corresponding death-rate for 1925 is higher than in either of the four preceding years of the quinquennium. The increase in the zymotic disease death-rate resulted from a greater number of deaths from measles, whooping cough, and diarrhœa than usual, none of the three being a notifiable disease.

The greatest number of deaths occurred in wards 8 and 11, in each of which 22 fatalities were registered while ward 9, with 6 deaths, suffered least. Correspondingly the highest and lowest death-rates pertained to wards 8 and 9 with the respective figures of 1·25 and 0·48 per 1,000 of the population.

The appended table gives certain particulars regarding the notifiable diseases (other than tuberculosis) in the district in 1925 :—

RHONDDA URBAN DISTRICT. Notifiable Diseases (other than Tuberculosis) during the Year 1925.

Disease.	Cases Notified.													Cases admitted to Hospital.	Deaths.												
	All Ages.	Under 1 year.	1—year.	2—years.	3—years.	4—years.	5—years.	10—years.	15—years.	20—years.	35—years.	45—years.	65 years and over.		All Ages.	Under 1 year.	1—year.	2—years.	3—years.	4—years.	5—years.	10—years.	15—years.	20—years.	35—years.	45—years.	65 years and over.
Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	554	4	23	59	63	98	198	74	14	18	3	—	—	417	6	—	—	1	2	—	2	1	—	—	—	—	—
Diphtheria	141	8	5	7	13	20	46	25	4	11	1	1	—	111	9	2	2	1	3	1	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid)	9	—	—	1	1	1	1	4	—	—	1	—	—	9	1	—	—	1	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	16	—	—	—	—	—	—	—	3	10	2	1	—		5	—	—	—	—	—	—	—	1	2	2	—	—
Acute Primary Pneumonia ...	432	87	76	27	34	36	43	17	16	35	18	28	6		138	38	33	9	4	2	3	2	1	15	5	20	6
Acute Influenzal Pneumonia...	22	—	—	—	—	3	2	—	1	5	3	6	2		13	—	—	—	—	—	—	—	—	2	4	4	3
Malaria	1	—	—	—	—	—	—	—	—	1	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	2	—	—	—	—	—	—	—	—	—	2	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Trench Fever	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	47	—	—	—	1	1	—	1	1	13	10	19	1		2	—	—	—	—	—	—	—	—	—	—	2	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	1	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—
Acute Poliomyelitis ...	5	1	4	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	73	73	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis Lethargica	2	—	—	—	—	—	—	1	—	—	1	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	1296	173	108	94	112	159	291	122	39	93	41	55	9	538	175	40	35	12	9	3	6	3	2	19	11	26	9

SMALL-POX.

No case of small-pox was notified in the Rhondda during the year 1925 and no suspected instance came under the observation of the Health Department.

Owing to the prevalence of small-pox in the midland and northern counties of England and on vessels coming from abroad several contacts of cases have been kept under observation after their arrival in the district but in no instance did the disease develop.

The evidence available indicates that over 40 per cent. of the Rhondda children are unvaccinated and the continued reluctance of a large proportion of the population to avail themselves of the complete protection against the disease provided by vaccination and re-vaccination coupled with the facilities for dissemination of the disease afforded by modern modes of travel causes the possibility of a serious outbreak of small-pox to be a constant source of anxiety to every health department. Recent years have witnessed a great increase in the number of cases of small-pox reported throughout the country, especially in Yorkshire, Derbyshire, Durham, and Northumberland. Since 1917, when there occurred only 7 cases of small-pox throughout England and Wales, there has been a steady and rapid increase in the prevalence of the disease, so that the total for the year under review reached 5,354 cases, only one of which occurred in Wales. In view of the heedless failure of a large section of the community to take advantage of the adequate protection against small-pox gratuitously available in the form of vaccination and re-vaccination, it but remains for the introduction of cases into the district in sufficient numbers to cause a wide-spread outbreak which, once established in the area, could be eradicated only by a general or universal resort to the vaccination or re-vaccination of those inadequately protected ; there is already an abundance of receptive soil and it only remains to implant the seed. This means of prevention, however, when applied in a time of panic and in the presence of an outbreak, could prove effective only after much individual suffering, considerable financial loss to the community owing to dislocation of trade, and a heavy burden upon the sanitary authority due to the cost of coping with the outbreak.

MEASLES.

	1925.	Average for ten years. 1915-1924.
Number of Deaths	92	47
Death-rate per 1,000, in Rhondda ...	0·55	0·29
Death-rate per 1,000, 105 Great Towns	0·17	0·24
Death-rate per 1,000, England and Wales	0·13	0·19

Measles was registered as the cause of 92 deaths during 1925 and was thus responsible for a death-rate of 0·55 per 1,000 of the population ; the corresponding annual averages for the ten preceding years were 47 and 0·29 respectively. As compared with the incidence of the disease in other large towns and in England and Wales generally that disclosed by the figures given was exceptionally heavy.

The prevalence of the disease in the district was most marked during the first half of the year when 81 deaths occurred out of a total of 92, March with 21 fatalities claiming the largest number in any one month, while only one death from this cause was registered throughout the district during the last four months of the year. The distribution of the deaths from measles in point of time and locality showed a steady progress of the disease from the lower and central parts of the Rhondda Fawr Valley, where the outbreak commenced early in the year, along each of the two valleys to reach its upper end within the first six months and no death occurred within the terminal wards of the two valleys until May. The number of deaths in the various wards varied from a maximum of 14 in ward 2 to a minimum of 4 in ward 9.

The disease was most fatal amongst children in their second year of life who contributed 35·9 per cent. of the deaths, whereas 31·5 of the fatalities were of children from 2 to 5, and 28·3 per cent. among children under one, so that 95·7 per cent. of the total deaths occurred in children under 5 years of age.

Measles being no longer a compulsorily notifiable disease the number of cases which occurred cannot be accurately estimated, but 1925, in conjunction with 1923, contributed practically the whole of the fatalities from measles during the last quinquennium, the aggregate number of deaths from this cause not having exceeded 12 during the three other years.

SCARLET FEVER.

	1925.	Average for ten years. 1915-1924.
Number of Cases	554	557
Number of deaths	6	12
Death-rate per 1,000, Rhondda ...	0·04	0·07
Death-rate per 1,000, 105 Great Towns	0·03	0·04
Death-rate per 1,000, England and Wales	0·03	0·03

During 1925, the number of cases of scarlet fever notified throughout the district reached a total of 554, as compared with an annual average of 557 during the ten preceding years; the incidence rate of the disease thus caused was 3·3 per 1,000 of the population.

The number of deaths attributed to scarlet fever was 6, with a resulting death-rate of 0·04 per 1,000 of the population which is slightly higher than the corresponding death-rate from scarlet fever in the 105 Great Towns and England and Wales as a whole. The mortality per cent. of the notified cases was 1·08.

Scarlet fever cases were notified from all wards in the district but wards 9 and 11, with 126 and 111 cases respectively, suffered most severely whilst ward 7 with 5 cases was the locality least affected; ward 1, which in each of the four preceding years had contributed the smallest number of notifications, did not maintain its position during the year under review. In its age incidence, the disease was, as usual, mainly one of childhood, 88·5 per cent. of the persons notified being under 12 years of age, 44 per cent. between 5 and 12 years, and 39·6 per cent. between 2 and 5 years of age.

All the fatal cases also were under 12 years of age, 3 being over 5, 2 just over 3 years, while the sixth was only 2 years old at death. The proportion of notified cases removed to the Isolation Hospital during the year was 75·3 per cent., which is slightly higher than in the previous year.

During the five last years—1921 to 1925 inclusive—the incidence of this disease in the Rhondda has been exceptionally heavy, the average annual number of notifications having reached 661. The year 1920 also, with 1,164 cases, was marked by a very high prevalence of scarlet fever but in the following years the annual average fell to a minimum of 463 cases in 1924. During this period of high prevalence, it was noticeable that the whole of the urban area was not seriously involved at the same time for the infection invaded the various portions of the district in succession for periods of varying duration ; thus, in 1921, wards 6 and 8 were chiefly implicated, in 1922 and 1923 ward 5 was the most involved, whilst in 1924 and 1925, ward 9 was the most attacked area. During these periods of local prevalence the other portions of the district have remained relatively free from the disease for comparatively long intervals. During 1925 the administrative control of scarlet fever was rendered exceptionally difficult by the concurrent prevalence of german measles, a differential diagnosis sometimes presenting an almost impossible problem when, as was so often the case, the attacks of scarlet fever were very mild in character.

DIPHTHERIA.

	1925.	Average for ten years. 1915-1924.
Number of Cases	141	181
Number of Deaths	9	18
Death-rate per 1,000 Rhondda ...	0·05	0·11
Death-rate per 1,000, 105 Great Towns	0·09	0·13
Death-rate per 1,000, England and Wales	0.07	0·12

During 1925 there were notified 141 cases of diphtheria throughout the district, as compared with an annual average of 181 cases in the ten preceding years; the incidence rate of the disease thus occasioned in the year was 0·84 per 1.000 of the population.

The number of deaths caused by diphtheria in 1925 amounted to 9, and resulted in a death-rate of 0·05 per 1,000 of the population, as compared with rates from the same cause of 0.09 and 0·07 for the 105 Great Towns and for England and Wales respectively.

The year under review shared with 1923 the second lowest aggregate of deaths from this cause, 1924 with 7 deaths having contributed the lowest number since the disease became notifiable in 1894. The highest monthly number of notifications was received in December and the lowest in August with 25 and 3 cases respectively.

As in previous years, the incidence of the disease fell most heavily on children aged four to five years who comprised 14·2 per cent., or one-seventh, of the total notified, whereas the period of seven years from 5 to 12 contributed 44 per cent. On the other hand, the disease was most fatal among children in the second year of life, at which age two out of five cases notified had a fatal issue, whereas no person over five years of age died from diphtheria during the year.

The local distribution of the cases varied from a maximum of 20 cases in each of wards 6 and 9 to a minimum of 6 cases each in wards 1, 2, and 8. In this respect there was more uniformity than in the previous year when ward 6 alone contributed 50 to a total of 132 cases for the whole area. Only 6 of the 141 cases notified were secondary to others; in other words, 135 of those notified occurred in houses not previously infected. In no locality could a serious outbreak be said to have occurred and the mortality of 6·4 per cent. was amongst the lowest hitherto recorded, as compared with an average of 6·9 for the five last years.

The incidence of diphtheria upon the Rhondda population during the last quinquennial period has been low as indicated by an annual average of 185 cases, although in 1921, the first year of this period, 323 cases were notified, this number forming the peak of a wave of prevalence which commenced in 1919 ; in the four years immediately following 1921 there were notified 145, 185, 132, and 141 cases respectively. In the same five-yearly period the deaths pertaining to the respective years numbered 34, 11, 9, 7, and 9, equivalent to an annual average of 14, the exceptional prevalence in 1921 being again responsible for a much higher mean than that belonging to the 4 later years.

Notwithstanding the unfavourable figures of 1921, the quinquennium, as compared with previous periods of the same duration was marked by a striking diminution in the fatality of the disease, its rate of 6·9 already referred to being much more favourable than the 12·4, 14·7, 15·1, and 12·4 belonging to the series of 4 quinquennia ended with 1920. This reduction is, it is believed, largely attributable to the more general adoption, as a routine measure, of the early administration of diphtheria antitoxin which is now gratuitously provided by the Council to medical practitioners for use upon their poorer patients. In this connection it may be noted that 83 per cent. of the total of 79 per cent. of the cases admitted into hospital during the year had been given one or more injections of antitoxin prior to their admission. Moreover, during recent years, the average initial dose has been considerably increased ; the antitoxin provided by the Council not being given in doses less than 8,000 units for curative purposes.

TYPHOID FEVER.

	1925.	Average for ten years. 1915-1924.
Number of Cases	9	21
Number of Deaths	1	3
Death-rate per 1,000, Rhondda ...	0·01	0·02
Death-rate per 1,000, 105 Great Towns	0·01	0·02
Death-rate per 1,000, England and Wales	0·01	0·02

During 1925 there were notified 9 persons as suffering from infection with the enteric group of organisms, as compared with an annual average of 21 persons in the ten preceding years. In 7 of the 9 notified cases bacteriological examination showed that the typhoid bacillus was responsible, in one case the paratyphoid bacillus was given as the cause, whilst the remaining case proved negative both clinically and bacteriologically.

All the notifications were received in the latter half of the year—one in August, 5 in September, 1 in October, and 2 in November—the localities implicated being Clydach Vale, Trealaw, and Gelli. Five cases of typhoid fever occurred in one house in Clydach Vale and four of them may be said to have acquired the infection from the first case, the nature of whose illness was not appreciated for a considerable time during which no precautionary measures were taken. The source of infection in the first case was not discovered but the patient, a youth of 15 years, stated that in the course of a cycle ride he had drunk water freely from a wayside watercourse. After the occurrence of the first four of the cases, protection to the remaining occupants of the house was offered in the form of vaccine and was accepted by or on behalf of seven persons but was refused in respect of one child, 2½ years old, who subsequently developed and died of the disease, while those who had been vaccinated escaped.

Two cases occurred at Trealaw, one of paratyphoid and the other of typhoid fever, the source of infection being undiscovered in each case. The remaining two cases were notified from Gelli and were two sisters of Italian nationality; the date of onset of the first symptoms in the case first attacked indicated that the infection had been acquired in the course of their journey from Italy to this country. Both of them were removed to hospital where further observation of the second case did not support the view that the illness was either typhoid or paratyphoid in nature.

The number of diseases of the enteric group notified during the five last years was 31, as compared with 1,288, 506, 316, and 149 during the four preceding quinquennial periods ended in 1920, the deaths during these four periods being 177, 79, 61, and 23 as compared with 3 deaths during the five-yearly period ended in 1925. No serious outbreak of typhoid fever has occurred during the last-mentioned period, the nearest approach being a group of ten cases in 1921 probably due to the use, for drinking purposes, of a polluted supplementary water-supply at a local colliery, the condemnation and abandonment of the supply resulting in or being co-incident with the non-occurrence of further cases.

CEREBRO-SPINAL FEVER.

Number of Cases	1
Number of Deaths	1

There occurred only one case of this disease in 1925 throughout the district the patient being a boy, seven years of age, the clinical diagnosis being confirmed by bacteriological examination of the cerebro-spinal fluid. The child was removed from his house at Pentre to the hospital where, after a stay of 23 days, the illness terminated fatally. No source of infection was discovered and no secondary cases occurred.

Not a single case of this disease had occurred in the district during 1922, 1923, or 1924, whereas one instance,—also fatal,—was reported at Ynyshir in 1921 and the diagnosis confirmed bacteriologically.

ACUTE POLIOMYELITIS.

Number of Cases	...	...	...	5
Number of Deaths	...	...	...	0

Five cases of acute poliomyelitis were notified during the year under review but no death was registered as due to the disease. The youngest of the cases notified was three months old, the eldest was two years of age, and the remainder were in their second year of life.

Two cases were notified from ward 1 in March and November respectively and one case was reported from each of wards 4, 9, and 6 in January, April and September.

During the five-yearly period ended with 1925, there were notified a total of 24 cases in the district, 10 of them occurring in 1921, but even in that year there could not be said to have been an epidemic prevalence of the disease.

Better facilities are needed for the treatment of this disease in its early stages with a view, especially, to the prevention of the serious crippling which so frequently results from the disease. Owing to the skilled attention required it is exceptionally a disease which calls for hospital treatment; owing however to the long duration of the special treatment needed, the allocation of beds for this purpose at hospitals with long lists waiting for admission is difficult or impracticable without the provision of additional accommodation.

ENCEPHALITIS LETHARGICA.

Number of Cases	2
Number of Deaths	0

Two cases of encephalitis lethargica were notified during the year, both occurring towards the end of January, but no death resulted.

One case was a girl of 13 years living at Treorchy. She suffered from a severe attack and was in a lethargic condition for 13 weeks. Her recovery has been seriously retarded by some of the sequelæ which so frequently render the result of this disease so uncertain and she is still under medical observation. The other case was an adult male, 39 years of age, living at Porth. This patient suffered from a mild attack, the lethargic symptoms not being pronounced and his recovery has been satisfactory. In each of these two cases a bacteriological examination of the cerebro-spinal fluid was made. No association between the two cases could be established and no definite source of infection was discoverable in either case. Permission to remove the patients to the hospital was refused and measures to prevent the spread of infection were, as far as possible, undertaken at the respective homes.

Since the notification of encephalitis lethargica became compulsory on January 1st, 1919, twelve notifications of the disease have been received in the district; five of these have recovered or improved and the remaining seven had a fatal issue. The ages of the cases notified ranged between one year and 60 years, the distribution being fairly uniform in age groups of equivalent length. Of the twelve cases notified in the 7 years, 4 occurred in December, 3 in January, and one each in February, April, June, July, and September. The diagnosis was not confirmed in all instances; in three of the cases the evidence obtained by further observation supported the diagnosis of tuberculous meningitis in two instances and uræmia in the third. The symptoms may be said to have been strongly indicative of the disease in only 3 instances.

In addition to cases which have been notified as suffering from encephalitis lethargica, the attention of the Health Department has been drawn to several children of school age who have presented symptoms now recognized as sequelæ of this disease. One such case has exhibited a complete change in disposition a few months after suffering from an illness which was considered to be influenza at the time but which was probably encephalitis lethargica; lately however this child has shown considerable improvement and is apparently undergoing a gradual restoration to his former disposition after the lapse of five months since the attack.

WHOOPING COUGH.

	1925.	Average for ten years. 1915-1924.
Number of Deaths	43	28
Death-rate per 1,000, Rhondda ...	0·26	0·17
Death-rate per 1,000, 105 Great Towns	0·18	0·17
Death-rate per 1,000, England and Wales	0·15	0·15

Whooping cough was registered as the cause of 43 deaths during 1925, the average annual number of fatalities for the ten preceding years being 28. The equivalent death-rate for the year was 0·26 per 1,000 of the population, as compared with 0·18 and 0·15 for the 105 Great Towns and England and Wales respectively; whooping cough was thus relatively more frequent as a cause of death in the Rhondda than in the country as a whole. Having regard to the large number of deaths attributable to whooping cough in June and July, with 11 and 6 deaths respectively, it may be concluded that it was exceptionally prevalent in those months, whereas in November no death was ascribed to this disease.

Out of a total of 43 deaths, 17 occurred in children between one and two years of age, while 16 infants under one year of age died from this cause, and the remaining 10 fatalities were of children between 2 and 15 years of age.

All the wards of the district were affected, but ward 11 with 11 deaths, was the most implicated whereas wards 4, 6, 7, and 9 contributed only one death each to the total.

During the quinquennial period ended with 1925, whooping cough was the cause of 132 deaths and even this large number was the lowest quinquennial total since the beginning of the century, 1924, with 12 deaths, contributing the smallest number of fatalities from this disease in any one year in the statistical history of the district. Notwithstanding this tendency to a diminished mortality, this disease, during the five last years, caused as many deaths as diphtheria, scarlatina, and enteric fever combined and, among the zymotic group of diseases, was exceeded by only measles as a cause of death.

DIARRHŒA.

	1925.	Average for ten years. 1915-1924.
Number of Deaths	20	31
Death-rate per 1,000, Rhondda ...	0·12	0·19

During 1925, diarrhœa was the cause of 20 deaths, as compared with an annual average of 31 deaths in the ten preceding years and the resulting death-rate was 0·12 per 1,000 of the population.

The year 1925 showed an increased frequency of diarrhœa as a cause of death when compared with the three immediately preceding years for 18, 7, and 6 deaths occurred in 1922, 1923, and 1924 respectively from this cause whereas in 1921 the fatalities from this disease amounted to 67 during that year.

Children under one year of age formed 65 per cent. of the total number of deaths from diarrhœa during the year but no person over 15 years of age was certified as having died from the disease. The four months ended in September contributed 12 deaths and this relative prevalence was coincident with greater dryness and higher temperature, though not to a marked degree.

The average annual number of deaths during the five years ended with 1925 was 24, which is in marked contrast with the corresponding averages of 186, 183, 137, and 30 for the four preceding five-yearly periods commencing with the year 1901.

TUBERCULOSIS.

The total number of persons notified as suffering from tubercular infection during 1925 was 284, which is a decrease of 29 as compared with the number notified in each of the two preceding years. The number of deaths caused by the various forms of tuberculosis reached a total of 164, equivalent to a death-rate of 0·98 per 1,000 of the population; the corresponding death-rate in each of the years 1923 and 1924 was 1·05. The death-rate for 1925 was the sixth lowest during the present century, the rate of 0·89 pertaining to 1906 occupying the lowest position of all.

The subjoined Table gives a summary of the notifications of and deaths from Tuberculosis in 1925, divided according to age and sex as well as into pulmonary and non-pulmonary forms :—

Age periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Under 1 year ...	1	—	1	2	—	—	1	2
1 to 5 years ...	2	7	13	5	1	4	5	1
5 to 10 years ...	5	9	16	9	2	2	1	5
10 to 15 years ...	8	7	7	5	3	2	3	—
15 to 20 years ...	11	27	6	7	9	16	—	—
20 to 25 years ...	13	19	1	2	8	8	1	—
25 to 35 years ...	13	16	10	4	14	24	2	4
35 to 45 years ...	11	11	1	3	9	10	1	1
45 to 55 years ...	13	3	1	1	7	7	—	1
55 to 65 years ...	7	—	—	4	5	1	—	2
65 and upwards	2	1	—	—	1	—	1	—
Totals ...	86	100	56	42	59	74	15	16

There is still considerable delay in notifying tubercular disease in the district, and in the year under review 19·5 per cent. of the total number of persons who died from tuberculosis in the year had not been notified as suffering from the disease prior to the fatal termination of the illness.

This delay was considerably more marked than usual in 1925 and the percentage of unnotified cases given contrasted very unfavourably with the average of 5·1 for the four immediately preceding years. This lack of promptitude in notifying militates against the effectiveness of the preventive measures that may be taken for combating the disease and reflects the attitude of the medical practitioners in the area towards the efforts made in the direction of prevention. There is also a certain amount of dislike of notification amongst the inhabitants and a general lack of appreciation of the benefits which may follow early notification. They fail to realise that the early recognition of the disease and the adoption of the curative and preventive measures available offer the sufferers the best chance of recovery and of restoration to a serviceable state of health, whereas delay, while usually affording the sufferers a little longer at their occupation, renders their ultimate recovery and even their return to partial usefulness much less hopeful or more remote.

A consideration of the general death-rate for the district in relation to the rates due to pulmonary and non-pulmonary tuberculosis discloses one or two interesting features. While the former has steadily declined since 1901, that from all forms of tuberculosis since 1907 has remained practically stationary with the exception of a rise in 1917. A dissection of the latter into its two constituent parts serves to show that the death-rate from pulmonary tuberculosis has tended to increase and that from all other forms to decrease. The appreciable increase in the death-rate due to the pulmonary form is a very disquieting circumstance and no efforts should be spared to effect a movement in the opposite direction. It is believed that the directions which these efforts should take should include the following :—

(1) improvement of the housing conditions;

(2) the much earlier notification of cases;

(3) the more adequate isolation of cases which are in the later stages and too far advanced for sanatorium treatment;

(4) the prohibition of the sale of tuberculous milk;

(5) the eradication of the disease from milk-producing herds.

(6) a strict enforcement of the bye-laws prohibiting spitting in public places and in public conveyances; and

(7) a more adequate supervision of the conditions of employment in shops, offices, factories, and workshops.

PULMONARY TUBERCULOSIS.

			Average for ten years.
		1925.	1915-1924.
Number of Cases notified	...	186	211
Number of Deaths ...	...	133	133
Death-rate per 1,000, in Rhondda	...	0·79	0·82

During 1925 there were received 186 notifications of persons suffering from pulmonary tuberculosis as compared with 163 in 1924 and an annual average of 211 in the ten preceding years. The number of deaths caused by respiratory tuberculosis was 133, with an equivalent death-rate of 0·79 per 1,000 of the population. Tuberculosis of the respiratory system thus ranked fourth from the highest in the list of causes of death in the Rhondda during the year under review. Of the eleven wards in the Rhondda the largest number of notifications of the disease was received from ward 5 with 29 cases whilst the smallest number was received from wards 3 and 6 from each of which 9 notifications were received. The greatest number of deaths occurred in ward 2 and the smallest number in ward 11 with 26 and 5 fatalities respectively. The sex distribution of the notified cases showed a preponderance amongst females, 100 notifications of female cases having been received as compared with 86 males.

Of the 74 female deaths, 65 per cent. were of persons between 15 and 35 years of age, and 31 male deaths, or 52 per cent. of the total of 59 male deaths, were also within the same age limits.

An analysis of the occupational distribution of the disease showed that 19, or 32 per cent. of the male deaths, occurred amongst colliers and, in addition, 15 deaths occurred amongst persons otherwise employed in connection with the coal-mining industry.

The annual average death-rate from phthisis during the five last years was 0·816 per 1,000 of the population and, compared with the preceding quinquennia of the of the present century, this average has been exceeded only by that of the period 1901 to 1905, when the average death-rate was 0·83 (see preceding section).

NON-PULMONARY TUBERCULOSIS.

Number of Cases notified	98
Number of Deaths	31
Death-rate per 1,000, Rhondda	0·18

During the year under review, 98 cases of non-pulmonary tuberculosis were notified and 31 deaths were recorded giving a death-rate of 0·18 per thousand of the population.

The greatest number of cases was notified from ward 11, from which 16 notifications were received, whilst in ward 3, with 3 notifications, the smallest number occurred. The deaths were fairly uniformly distributed throughout the district with the exception of ward 7 where no deaths from non-pulmonary tuberculosis occurred. Ten persons who died from non-pulmonary tuberculosis had not been notified as suffering from the disease prior to the fatal termination, 19 were notified during 1925, and one in each of the years 1922 and 1924.

Tuberculosis of the meninges was the cause of 16 deaths and the abdominal organs were involved in 10 of the fatal cases whilst the remaining 5 were due to generalised tuberculosis or tuberculous disease of the osseous system.

In the period 1921 to 1925, the annual average number of notifications of non-pulmonary tuberculosis received was 101·4 as compared with a corresponding figure of 97·8 during the five preceding years ; likewise the average incidences of the disease per 1,000 of the population were 0·606 and 0·598 for the two quinquennial periods respectively. Though the incidence of the disease, as shown by the number of the notifications received during the last two five-yearly periods, has apparently increased slightly, it is satisfactory to note that the death-rate from this cause has shown a gradual diminution during the present century; thus the annual average death-rates for the sequence of five-yearly periods commencing in 1901 were 0·348, 0·314, 0·272, 0·252 and 0·222 per 1,000 of the population and the figure for the last five-yearly period is less than two-thirds of that for the first period in the series.

The incidence of non-pulmonary forms of tuberculosis in the district is still high and the recovery from the disease is often attended by a considerable amount of crippling and resulting disability. It is hoped that a rigorous enforcement of the measures, now rendered possible by recent legislation, for the prevention of the sale of tuberculous milk, will further diminish the incidence of the disease amongst the younger members of the community.

VENEREAL DISEASES.

During 1925, the Glamorgan County Council have continued their facilities for the diagnosis and treatment of venereal diseases to the Rhondda community, a clinic established at the Central Homes Pontypridd being used for that purpose.

Venereal disease does not figure prominently in the Rhondda death returns. During 1925 three deaths of children under one year of age were attributable to congenital syphilis as compared with one death in 1924 and an annual average of 3.4 deaths during the ten years 1915 to 1924. General paralysis of the insane was registered as the cause of 8 deaths, locomotor ataxia of 5 deaths, and aneurysm of 7 deaths during the year.

The number of 73 cases of ophthalmia neonatorum notified during the year, equivalent to 19·7 per 1,000 births, is not indicative of the extent of the prevalence of venereal disease for it is believed that but few of them were attributable to this cause especially in view of the very mild nature of the symptoms prompting the diagnosis and in the absence of microscopical or bacteriological evidence.

INFLUENZA.

Number of Deaths	45
Death-rate per 1,000, Rhondda	0·27
Death-rate per 1,000, England and Wales ...	0·32

Influenza was the cause of 45 deaths during 1925, equivalent to a death-rate of 0·27 per 1,000 of the population, as compared with the higher rate of 0·32 for England and Wales as a whole.

No death from this disease occurred in ward 4 throughout the year whilst ward 11, with 8 deaths, was the locality to suffer most severely. Only one person under 5 years of age died from influenza whereas 37 deaths occurred in persons over 25 years old.

The disease was most prevalent during the four first months of the year when 29 deaths were registered whereas no fatality occurred during September.

The annual death returns for the district for the years following the severe epidemic years 1918 and 1919 have shown only a comparatively small reduction of prevalence. Thus in the six years subsequent to 1919 the average annual number of deaths amounted to 65 whereas in the 14 years immediately preceding 1918, the corresponding average was only 20, ranging from 29 in 1907 to 9 in 1911.

Influenza, when it assumes epidemic proportions in a district, continues to be an exceptionally uncontrollable disease and such preventive measures as inoculation and douching of the air-passages seem to afford no protection. During times of prevalence the best course to pursue is to keep as "fit" as possible by spending all available time in the open air, by avoiding excesses, by securing adequate sleep, by avoiding direct infection, and, if attacked, by seeking early medical advice with a view to obviating the supervention of dangerous complications such as pneumonia.

ACUTE INFLUENZAL PNEUMONIA.

Number of Cases	22
Number of Deaths	13
Death-rate per 1,000, Rhondda	0·08

Acute influenzal pneumonia was notified on 22 occasions during 1925, this number, with the exception of the total of 19 cases belonging to 1923, being the lowest annual aggregate since the disease was made compulsorily notifiable. The 13 deaths which resulted from this cause gave a death-rate of 0·08 per 1,000 of the population.

The four months commencing with June were free from any instances of the disease whereas 5 cases were notified in December. Wards 3 and 4 were the only localities free from the disease throughout the year.

In comparison with previous years, acute influenzal pneumonia was more fatal in 1925 with a mortality-rate of

59·9 per cent. of the cases notified; in preceding years the corresponding fatality-rates had decreased from 58·7 in 1919 to 20·6 in 1924.

The increased fatality during 1925 may be partly due to less complete notification of the disease, the worst type of pneumonia being generally associated with an antecedent attack of influenza, the milder cases being less readily considered to be complications of influenza.

ACUTE PRIMARY PNEUMONIA.

Number of Cases	423
Number of Deaths	138
Death-rate per 1,000, Rhondda	0·82

During 1925 the number of persons notified as suffering from acute primary pneumonia amounted to 423, as compared with 442 notifications received during 1924; the incidence rate of the disease was consequently 2·5 per 1,000 of the population during the year under review. The number of deaths certified during the year was 138, equivalent to a death-rate of 0·82 per 1,000 of the population.

Notifications were received throughout the year but the monthly number varied from 13 each in June and September to 114 received during December, during which month the disease was exceptionally prevalent in wards 8, 9, 4, and 10 with 27, 19, 18, and 14 cases respectively. If the number of notifications may be taken as an accurate index of the prevalence of the disease, the infection proved most fatal amongst the older and younger members of the district population; thus 100 per cent. of the cases notified over 65 years of age died, while 71 per cent. of persons between 45 and 65 years of age and 43·7 per cent. of cases notified under 1 year old likewise proved fatal.

The distribution of the notified cases in the various wards of the district varied from 107 in ward 8 to a minimum of 20 from each of wards 1 and 5; the number of deaths which occurred in each ward varied between the limits of 20 and 6 in wards 4 and 9 respectively.

The percentage mortality of acute primary pneumonia during the year was 32·6; a comparison of the percentage mortalities in the various wards of the district shows that the proportion varied from 91·7 per cent. in ward 2 to 10·5 in ward 9, and in wards 1, 2, 3, and 7 the percentage mortalities were over 50. Such discrepancies indicate that the completeness of the notification of the disease varies in different wards of the district and is largely dependent on the degree of conscientiousness in strictly observing the Regulations excercised by the practitioners in attendance.

The average annual number of notifications of acute primary pneumonia received during the five last years was 350, the numbers ranging from 240 in 1921 to 442 in 1924. There is reason to believe that, taking the district as a whole, notification of acute primary pneumonia has become more complete during the later years as indicated by the fall in percentage mortality; thus in 1921 the high rate of 58·7 per cent. of the notified cases proved fatal whilst in 1924 and 1925 the percentage mortalities fell to 27·4 and 32·6 respectively.

In the list of causes of death in the Rhondda, pneumonia takes the third position in order of importance.

Lack of hospital accommodation and nursing facilities in the home as well as conditions of overcrowding greatly militate against the successful recovery of persons attacked with this disease, and in the absence of adequate hospital accommodation in the district the Council will do well to consider the provision of trained nurses for the purpose of rendering assistance at the homes of the stricken persons when the medical attendant makes it known that the services of a trained nurse would appreciably increase the chances of recovery in individual cases.

BRONCHITIS.

Number of Deaths	225
Death-rate per 1,000, Rhondda	1·34

During 1925 there occurred 225 deaths ascribed to bronchitis, a death-rate of 1·34 per 1,000 of the population being thus occasioned. Acute bronchitis was registered as the cause of death in 26 children under one year of age whilst at the other extreme of life 103 persons over 65 years old and 64 persons between 45 and 65 died from the same cause.

The district ward distribution of deaths varied from a maximum of 30 in ward 7 to a minimum of 11 deaths in ward 9.

During the year bronchitis was the most frequently certified cause of death amongst the Rhondda population and since 1919 was responsible for a higher death-rate than any other disease. The general overcrowding, the prevalence of dampness of houses owing to defective construction coupled with the exposed and unprotected position in a district with an exceptionally high rainfall may fairly be given as important influences in the causation of the high incidence of respiratory diseases upon the inhabitants of the district.

In Table M. 13 (see Appendix), published by the Registrar-General, the number of deaths of males from bronchitis was 142 as compared with 88 deaths among females, while, for this purpose, the sexes may be considered to exist in approximately equal proportions. These figures are equivalent to a ratio of 1,614 male to 1,000 female deaths while the annual average proportion for the five preceding years was 1,554 to 1,000. There is in the Rhondda a higher mortality from "bronchitis and other respiratory diseases" amongst the male population than in most urban districts; thus the annual average number of male per 1,000 female deaths from bronchitis in England and Wales during the five years 1920-1924 was 982 and the corresponding figures for Wales and Monmouthshire, Cardiff, Swansea, Northern Counties Urban Districts, and Southern Counties Urban Districts were 1,175, 1,283, 1169, 1,020, and 819 respectively. On the other hand, in coal-mining districts such as Pontypridd, Ogmore and Garw, Nantyglo and Blaina, and Ebbw Vale the respective figures were 1,357, 1,633, 1,935, and 1,576. It is also significant that "other respiratory diseases" cause a higher mortality among males in the coal-mining areas. On the contrary, tuberculosis of the respiratory system causes a relatively smaller mortality amongst the males in coal-mining communities as compared with urban and rural districts situated in the Southern Counties of England; thus in the latter 1,133 and 1,080 male deaths from respiratory tuberculosis occur for every 1,000 females as compared with the annual average deaths of 1,002 males to 1,000 females in the Rhondda during the five years 1920-1924.

The heavy incidence of bronchitis and other respiratory diseases (excluding tuberculosis) amongst the males in our district is in all probability largely due to avoidable and unavoidable conditions of employment. The coal-miners, after a day's work in a warm and moist atmosphere and when clothed in garments which are damp or wet with water derived from the mine and from perspiration, re-enter the above-ground atmosphere, which is usually markedly colder, to travel long or short distances, often along very exposed situations, before having an opportunity to change their clothes. A considerable number of them also leave work in the early morning or at night with consequent aggravation of the discomfort and risk attending the exposure under the circumstances mentioned.

The installation of pit-head baths, by enabling the miner to discard his damp and soiled clothing and to bathe in water of a suitable temperature before donning his clean dry clothes preparatory to journeying home would, it is believed, materially lessen the incidence of the ordinary respiratory diseases upon underground workers as well as produce other important results affecting the interests and general welfare of the mining communities.

MALARIA.

Number of Cases	1
Number of Deaths	0

Only one case of malaria was notified during the year, the sufferer being an ex-service man who had contracted the disease whilst serving at Salonica.

No death was attributed to this cause in the course of the year.

DYSENTERY.

Number of Cases	2
Number of Deaths	0

Two cases of dysentery were notified during the year. The first case, an adult male, 42 years of age, living at Ynyshir, was notified in May, whilst the second case, a woman of 39 years living at Llwynypia, was notified in August.

The former case had suffered an attack of dysentery in South Africa whilst serving in the war in 1901 and had been subject to attacks of diarrhœa since that year, but the examination of material obtained from the patient did not disclose the presence of a dysenteric infection of the intestinal tract. It is possible that the symptoms were secondary to a severe affection of another system from which the patient was suffering.

The latter case suffered from an acute attack presenting symptoms of dysentery and bacteriological examination showed the presence of organisms of the Flexner group of dysentery bacilli. The patient was isolated at home and made a good recovery, but the source of infection was not traced.

No secondary cases occurred in connection with either of the two cases referred to.

TRENCH FEVER.

Trench fever has been notifiable since March 1st, 1919, but no case of the disease has been reported since that date.

ANTHRAX.

Anthrax became compulsorily notifiable on July 1st, 1921, but as yet no notification of the disease has been received.

ERYSIPELAS.

Number of Cases	47
Number of Deaths	2
Death-rate per 1,000, Rhondda	0·01

During the year, 47 cases of erysipelas were notified and two of them proving fatal a mortality-rate of 0·01 per 1,000 of the population resulted. Both fatal cases were over 45 years of age, one having resided in ward 8 and the other in ward 11. The incidence-rate of the disease per 1,000 of the population was 0·28 in 1925 as compared with 0·25, 0·34, 0·30, and 0·27 in the order given in 1921, 1922, 1923, and 1924 respectively.

CANCER.

Cancer and other forms of malignant disease were the cause of 113 deaths during the year and of a consequent death-rate of 0·67 per 1,000 of the population. Of the deaths, 59 occurred in persons between 45 and 65 years of age and 40 in persons over 65 years old. In the death-returns the site of the disease was definitely given in 105 instances and in both sexes the stomach was the organ most frequently involved, the males predominating with 26 cases as compared with 21 in females. Notwithstanding this difference, the relative frequency of attack of the womb and breast with 12 and 10 instances respectively served to make the total of 57 fatalities among females exceed those in males by nine, the deaths in which the site of the disease was not specified being discarded in the comparison.

Since the beginning of the century the death-rate from malignant disease has increased from 0·39 per 1,000 in 1900 to the hitherto maximum rate of 0·81 per 1,000 in 1922, there having been an appreciable decline to a death-rate of 0·69 during the three last years.

From material provided by the Registrar-General and analysed on behalf of the Medical Research Council in a report issued in 1926, it would appear that coal-mining populations are less prone to the development of cancer than the workers in the majority of occupations, the comparative mortality figure (ranging from 178 among zinc manufacturers to 38 among tobacco workers) for coal-miners being 61, while that for all occupied and retired males during the years 1910-12 was 78.

Notwithstanding this favourable position of coal-miners, malignant disease (including cancer) ranks the sixth among the most fatal of the diseases responsible for the Rhondda death-roll in the year now under review.

Much time and intensive thought are now being given to the causation, prevention, and cure of malignant disease and it has already been made abundantly clear that medical attention given at the earliest possible moment is capable of virtually curing a very large proportion of cases of cancer and it has already been demonstrated that in cases where the breast is the site of the disease and where its existence is recognizable at an early date the favourable result of prompt treatment is most encouraging and renders any delay in seeking early treatment deserving of the strongest censure.

COLLIERY FATALITIES.

Number of Deaths	42
Death-rate per 1,000, Rhondda	0·25

The number of fatalities arising from accidents occurring during the course of employment in collieries in the district was 42 and the resulting death-rate per 1,000 of the whole population was 0·25.

The total number of fatal accidents during 1925 was the same as in the preceding year and, with the exception of 1921 when the pits were idle for three months, this number is the smallest hitherto recorded in the Rhondda. Taking the 1921 Census figures as a basis for the number employed in connection with the mining industry the death-rate from accidents per 1,000 thus engaged was 1·02 during 1925 but this figure is, to an unknown extent, too favourable as the number in actual employment was considerably less than the figures indicated in the Census enumeration owing to the depressed state of the coal industry.

Falls of roof, stone, or coal were the cause of 24 deaths, 8 persons were fatally injured by being run over by trams, and three deaths were caused by contact with live electric wires on colliery premises.

INQUESTS.

Total in 1925	122
Rate per cent. of Deaths	6·1

The number of deaths investigated by the coroners for the district amounted to 122 during the year, and was equivalent to 6·1 per cent. of the total deaths and to 0·73 per 1,000 of the population.

The principal causes of death as thus ascertained and the number of deaths ascribed to each of them were as follow :—

Colliery Accidents	42
Falls	9
Run over by motor vehicles ...	8
Heart Disease	7
Suicide	6
Scalds	6
Drowning	4
Electric Shock	3

TYNTYLA ISOLATION HOSPITAL.

Brief Description.

This hospital serves the whole of the Rhondda Urban District and is built on an area of five acres situated on the mountain side near the junction of the road passing over Penrhys hill to connect the two valleys with the main road about half way between the upper and lower ends of the Rhondda Fawr Valley. The hospital is thus centrally placed in relation to the whole district which it serves and access to it from all parts of the valleys is direct and convenient although the distance between the hospital and some of the furthest centres of population exceeds five males. The site is enclosed by a solid stone wall six feet six inches high and has a south-westerly aspect.

The hospital buildings consist of nine blocks, comprising an administrative block containing quarters for the resident staff, four pavilions, a laundry and disinfecting block, a discharging block, a stable and ambulance block, and a mortuary. The major portion of the hospital was completed for occupation in 1902 and in 1908 the accommodation was enlarged by the addition of two pavilions, an extra storey to the administrative block, and minor extensions to the laundry and stable blocks.

On the same site but within its own curtilage is also situated the old "Ystradyfodwg Cottage Hospital" whose present use is in the main limited to the isolation and treatment of instances of diseases not among those usually admitted into the newer portions of the institution.

Three of the pavilions are built on the same plan and each contains two main wards, 44 feet long by 24 feet wide, and two small observation wards of an octagonal shape with a maximum length of 16 feet and a maximum width of 12 feet. Each main ward is equipped with separate bathroom and lavatory accommodation. A nurses' duty room occupies the central portion of each pavilion in rear of the entrance hall and is provided with observation windows which command a view of all the wards. Each of the three pavilions also contains a robing or waiting room, a scullery, and a small fuel store.

The fourth pavilion is built on a smaller scale and contains two wards each 30 feet long and 24 feet wide. There are no observation wards attached to this pavilion but it is connected by means of a corridor with a discharging block.

A wide glass-covered verandah extends along one side of the main wards in all the pavilions and direct access to it from the ward is easy by means of a double-door which permits the passage of the largest bed in use.

The heating of the wards is effected by means of Shorlands' Ventilating Stoves and Manchester grates and artificial lighting is by means of electricity. Natural ventilation is specially promoted by means of glazed hoppers surmounting the windows and by an Ellison "X" ventilator at the head of each bed. The floors of one pavilion are entirely laid in Venetian marble mosaic ("Terrazzo") whilst those of the wards and kitchens in the other ward-blocks are of oak boards in one and of teak boards in the two newest pavilions. The blocks in which patients are accommodated are 40 feet from each other as well as from the boundary wall.

When economic conditions in the district become more favourable it is hoped that a supplementary hot-water system of heating will be installed and the erection of a small operating theatre is worthy of consideration. It may be added that the site is sufficiently large for the erection of one or two additional pavilions when the advantages of hospital isolation and treatment will be extended to diseases other than those which are now dealt with in this way and which, if thus controlled, would, it is believed, cause materially less harm in the form of suffering and death or disability now attributable to them.

The accommodation available for the reception and treatment of patients suffering from infectious diseases at the Isolation Hospital remained unaltered during the year 1925 and the allocation of beds for various diseases was as indicated below :—

	Ordinary Beds.	Observation Beds.
Diphtheria	20	2
Typhoid Fever	20	2
Scarlet Fever	34	2
	74	6

In the building previously used as the Isolation Hospital for the district, there is additional accommodation for 8 beds but circumstances calling for the use of the beds did not arise during the year.

The number of patients admitted during 1925 reached a total of 538 as compared with 460 in the preceding year. The subjoined table shows the number of admissions, number of deaths, and the corresponding percentage mortality from each disease :—

	Number of cases admitted.	Number of deaths.	Mortality per cent.
Diphtheria	111	2	1·80
Typhoid Fever	9	1	11·11
Scarlet Fever	417	4	0·96
Cerebro-spinal Fever	1	1	100.00
	538	8	1·49

One scarlet fever patient, though admitted in 1924, died during 1925 to which year the death has been allotted.

The table given below provides a comparison of the mortality rates of cases treated in hospital with those treated in their homes. It will be observed that all typhoid fever cases notified during the year were removed to the hospital for treatment and that the cerebro-spinal fever case was the only instance of this disease notified during the year.

	Whole District.			Hospital Treated.			Rest of Dist. (Hospital excluded).		
	Cases	Deaths	Mortality per cent.	Cases	Deaths	Mortality per cent.	Cases	Deaths	Mortality per cent.
DIPHTHERIA (including membranous croup) ...	141	9	6·4	111	2	1·8	30	7	23·3
TYPHOID FEVER ...	9	1	11·1	9	1	11·1	0	0	0
SCARLET FEVER ...	554	6	1·1	417	4	0·96	137	2	1·46
CEREBRO-SPINAL FEVER	1	1	100·	1	1	100·	0	0	0
Totals	705	17	2·41	538	8	1·49	167	9	5·39

The number of admissions from each ward in the district is shown in the following table :—

	RECOVERED CASES.				FATAL CASES.			
Ward.	Diphtheria.	Typhoid Fever.	Scarlet Fever.		Diphtheria.	Typhoid Fever.	Scarlet Fever.	Cerebro-Spinal Fever.
1	4	0	14	...	0	0	0	0
2	3	0	27	...	0	0	1	0
3	12	0	16	...	0	0	0	1
4	15	2	6	...	1	0	0	0
5	13	4	21	...	0	1	0	0
6	18	2	33	...	0	0	1	0
7	6	0	12	...	0	0	0	0

Ward.	Diphtheria.	Typhoid Fever.	Scarlet Fever.		Diphtheria.	Typhoid Fever.	Scarlet Fever.	Cerebro-Spinal Fever.
8	5	0	51	...	0	0	1	0
9	16	0	110	...	1	0	0	0
10	12	0	35	...	0	0	0	0
11	5	0	89	...	0	0	0	0
	109	8	414		2	1	3	1

Cases of diphtheria who recovered were in hospital for an average of 40·5 days with highest and lowest limits of 142 and 13 days respectively; the two fatal cases of this disease remained in hospital for 3 and 2 days respectively. The 8 recovered cases of typhoid fever were detained for an average of 43·2 days and the fatal case succumbed after a period of 17 days in hospital. The average length of stay for recovered cases of scarlet fever was 41·4 days with extreme limits of 181 and 12 days; three of the fatal cases of scarlet fever were in hospital for an average of 21 days and the fatal case, admitted in 1924, was in hospital for 73 days during 1925. The average period of stay in hospital for all cases, fatal and recovered, was 41 days.

The severity of the cases of diphtheria and scarlet fever varied considerably, many of them being mild and a large proportion of doubtful nature, especially in the case of diphtheria. Of the 111 instances of this disease admitted, 64 per cent. were considered to be clinically of the nature of true diphtheria but only 50 per cent. of the total number proved positive on bacteriological examination. In 83 per cent. antitoxin was administered before, and in 67 per cent. after, admission to hospital. Six of the number were of the laryngeal type but in only one was operation (intubation) required. Serum rash appeared in 4 per cent., recognizable heart disturbance in 9 per cent., and pharyngeal or palatal paralysis in 10 per cent.

Of the 417 cases of scarlet fever admitted 5 per cent. were considered not to have the disease on admission. In the course of the disease otorrhœa appeared in 10 per cent., nasal discharge in 9 per cent., adenitis in 6·2 per cent., albuminuria in 4·2 per cent., and definite nephritis in 2·5 per cent.

The interests of the institution as regards its nursing and domestic requirements have been faithfully safeguarded, as in a long sequence of the immediately preceding years, by Miss R. E. Smith, Matron, assisted by Miss J. L. McGregor, Deputy Matron, while the main responsibility for the routine medical treatment of the patients has been satisfactorily borne by Dr. D. J. Thomas, Assistant and Deputy Medical Officer of Health.

The cost of maintenance per patient per week continues to be high as compared with pre-war times, that for the year 1925 being £1 15s. 4½d. This rate however is considerably less than the £2 9s. 3½d. pertaining to the previous year, the difference in favour of the year under review being mainly attributable to the larger number of patients accommodated in that year and to the incidence in 1924 of a number of contracts for such goods as linen and crockery which it is customary to obtain at considerably longer intervals than a year.

STATEMENT OF EXPENDITURE, 1925.

	£	s.	d.
Salaries and Wages	2,307	4	6
Health and Unemployment Insurance Contributions	36	12	11
Milk	381	6	1
Eggs	27	11	9

Statement of Expenditure, 1925—continued.

	£	s.	d.
Fish	78	0	3
Vegetables and Fruit	150	18	4
Meat	460	12	4
Groceries	542	9	3
Bread	145	10	10
Drysaltery (Soap, Polishes, &c.) ...	78	3	2
Brushes, &c.	5	17	2
Crockery, Drapery, &c.	4	13	4
Stimulants (Brandy, &c.)	3	8	0
Drugs, Instruments, &c.	127	9	11
Methylated Spirits, Turpentine, &c. ...	4	12	8
Gas	116	0	0
Electricity	145	5	11
Water	42	17	0
Gas, Water and Electricity Repairs ...	14	2	8
Fuel	426	19	8
Horse Feed, Shoeing, Saddlery, &c. ...	75	3	6
Advertisements	6	18	6
Stationery, Printing, &c.	27	9	9
Postages, Fares and Carriage	8	5	7
Telephone Charges (Maintenance, &c.) ...	47	12	10
Insurance	30	10	6
General District Rate	48	15	0
Poor Rate	100	12	6
Garden Requisites	6	6	10
Ambulance Repairs	13	4	4
Machinery Repairs and Renewals ...	13	2	3
Sundries	8	11	10
	5,486	9	2
General Repairs	94	17	3
	£5,581	6	5

PENRHYS ISOLATION HOSPITAL.

This hospital was erected in 1908 for the accommodation of patients actually or suspected to be suffering from small-pox.

The site is 3 acres in extent and is situated at an elevation of 950 feet above sea-level and abutting upon a parish road, on the ridge separating the two main valleys and about 350 yards from the main road connecting Ystrad and Tylorstown. An unclimbable corrugated iron close fence has been erected around the site.

The buildings consist of four blocks,—an administrative block, two pavilions, and a laundry block. The administrative block provides accommodation for the nursing and domestic staffs as well as for the caretaker and family, who however are the only occupants in the absence of patients. The two pavilions consist of two wards each with the accessory duty rooms and sanitary conveniences; each ward in the larger pavilion is designed to accommodate 8 patients while each of the two wards in the smaller pavilion has accommodation for two beds. The laundry block comprises, in addition to a small hand-power laundry, a disinfecting tank room, mortuary, ambulance shed, and coal-house.

The structure is "temporary" in type and consists of corrugated iron, the framing and lining being of timber and the floors of the composition known as "stonwod." A low-pressure steam system of heating has been installed and the ventilation is by means of window ventilators and and Tobin's tubes.

Owing to the high elevation of the site it was not possible to provide a water supply by gravitation from the

Council's mains and the difficulty was overcome by setting up a large tank at a sufficient height on the hospital grounds, a steam pump installed at the Tyntyla Hospital being used to fill the tank periodically with water from the Council's mains. The drainage system is connected with one of the Council's subsidiary sewers at Pontygwaith.

The chief defect is the want of a discharging block, for in dealing with such a highly infectious disease as small-pox, exceptional precautions against the conveyance of infection through the medium of discharged patients are necessary; hitherto these have been possible of adoption with the facilities available because the accommodation at the hospital has not yet been fully utilized.

At the time of erection there was no dwelling-house within 400 yards of the site but part of the Llwynypia Homes with about 120 inmates was within 450 yards. By 1925 however much land within the quarter-mile radius of the hospital boundary fence had been utilized for building purposes and over 600 persons occupied houses within that distance and over 5,000 persons within half a mile of the hospital.

During the year there was no occasion to use the hospital for the accommodation of any patient for the purpose of observation or treatment.

AMBULANCE FACILITIES.

For the conveyance of patients suffering from infectious diseases to the Council's Isolation Hospitals two one-horse brougham ambulances are utilised and though the use of motor ambulances would accelerate the removal especially from the more distant parts of the district, the vehicles at present in use have given satisfactory service, especially in view of the difficulty of access to many of the houses and the rough nature of the ground to be traversed in some portions of the district.

No ambulances are provided by the local authority for the conveyance of non-infectious cases. The Porth and District Hospital provides its own motor ambulances for transferring patients to that hospital and, when available, the ambulances may be hired for conveying patients elsewhere. The use of ambulances provided by the St. John's Ambulance Association and the Red Cross Society is frequently requisitioned for the removal of accident cases to hospital especially when such accidents occur in connection with collieries.

NURSING FACILITIES.

No nurses are provided by the Council for nursing attendance upon cases suffering from infectious diseases not removed to their hospital. The health visitors, when visiting the homes, are encouraged to offer advice in the isolation and the application of treatment of such cases whenever opportunities to do so arise.

The provision of nurses by voluntary and other agencies is very inadequately organised. In the whole district only two nurses are permanently employed by such means and only one practitioner employs a nurse for attendance at his surgeries and on the more serious cases in his practice.

During the winter months courses of lectures on home nursing organised by the Local Education Authority and by the St. John's Ambulance Association are given by medical practitioners, and appear to be much appreciated, the interest taken in ambulance work in the district being very considerable.

CHEMICAL AND BACTERIOLOGICAL INVESTIGATIONS.

All chemical and bacteriological examinations are undertaken on behalf of the Council by the Cardiff and County Public Health Laboratory, Cardiff.

In a considerable number of cases the facilities are taken advantage of by practitioners resident in the district, especially for the examination of sputa and throat swabs. When considered necessary samples are sent by passenger train and are thus received at the laboratory within a short interval after being obtained, but ordinarily the specimens are sent by letter post. Appropriate outfits for the transmission of specimens are supplied by the Laboratory authorities.

SCAVENGING & REFUSE DISPOSAL.

The system of collection and disposal of house refuse has not been altered during the year, the collection being made between 8-0 a.m. and 1-0 p.m. on each week-day from containers placed by the householders in the streets or lanes upon which their houses abut, the refuse being removed in carts designed to minimise the annoyance and risk arising from the dust unavoidably caused by the collection. Over one-half of the refuse is deposited at one or other of 8 refuse tips scattered throughout the area and situated in most instances towards the upper ends of the two valleys while the remainder is conveyed to the Council's destructor at Dinas, near the lower end of the larger valley, where, under the management of Mr. J. M. Bowman, the Electrical Engineer, the heat derived from the destruction is applied to the production of electricity for disposal in bulk to the South Wales Power Company. The destructor is utilized to its full capacity and its enlargement with a view to thus dealing with the whole of the refuse made in the district cannot but be considered sooner or later, especially when the district's tracts of land or low-lying ground which it is desired to reclaim or improve, mainly for the formation of recreation grounds, become no longer available for the deposition of refuse.

According to information obtained from the department of Mr. Eli Taylor, Surveyor and Engineer to the Council, the total cost of the collection of house refuse and of its cartage to the tips or to the destructor amounted during the year ended Sept. 30th, 1925, to £18,704/4/0, including the cost of dealing with scavenging districts 21, 22, and 25, which were attended to by the Council by direct labour. The total amount is equivalent to an expenditure of 13/1·6 per house as compared with 4/4, 4/6, 6/10·7, 4/10, 5/2, 5/3·4, 4/9·4, 6/2·1, 7/0·4, 7/0·9, 8/-, 8/8·7, 11/2, 12/6, 16/2, 21/10·6, 25/0·1, 20/10·4, 14/7·2, and 12/9·2, for the years 1904-5 to 1923-24 respectively. The rate for the year under review is therefore a reversal of the process of reduction in the cost per house for the collection of refuse which has been taking place since 1920-21 in which year the rate was just over 25/- a house.

DRAINAGE AND SEWERAGE.

A fairly abundant water supply, a main sewer discharging into the sea, supplemented by a fairly complete provision of subsidiary sewers, and a great preponderance of recently-built houses have combined to render possible a drainage system predominantly one of the water-carriage type. Unfortunately the maintenance of the system in an efficient state entails much expenditure on the part of both the Council and house-owners and demands much vigilance from the Council's staff owing to the damage liable to be caused to sewers and drains in common with other underground conduits by the irregular and extensive subsidence which is continuously taking place as a consequence of mining operations.

The number of houses within the Urban District still unconnected with the sewerage system amounts to 256, including 2 new bungalows, situated on the mountain side, Trehafod.

The distribution of the houses still remaining unconnected is shown in the subjoined table:—

Sanitary	District	No. 1	contains	20	unconnected	houses.
,,	,,	2	,,	12		,,
,,	,,	3	,,	58		,,
,,	,,	4	,,	34		,,
,,	,,	5	,,	56		,,
,,	,,	6	,,	76		,,

The extent and character of the means of excrement disposal throughout the Rhondda Urban District at the end of 1925 are set up in the appended table, which is a summary compiled from the returns and reports furnished periodically by the sanitary inspectors.

No. of Privies with fixed receptacles (middens, cesspits)	50
No. of Privies with movable receptacles (pails) ...	80
No. of Water Closets (fresh water, cistern-flushed)	24,971
No. of Water Closets (waste water)	—
No. of Water Closets (hand flushed)	3,117

Improvements undertaken from year to year serve to transfer some houses from the less to the more satisfactory types. Thus during the year under review 66 houses were transferred to the group possessing cistern-flushed conveniences at the expense of the hand-flushed type of closets.

SANITARY ADMINISTRATION.

The number of inspections and re-inspections made during the year amounted to 38,217. These were made up as follow :—

Inspections under the Housing, Town Planning, &c., Acts	4,104
Cases of Infectious Diseases investigated ...	756
Revisits to Infected Houses, including Disinfections	2,819
Visits to :—	
Unabated Nuisances and unremedied Defects ...	24,651
Slaughter Houses	1,175
Lodging Houses	462
Bakehouses	539
Cowsheds, Dairies and Milkshops	485
Factories and Workshops	584
New Buildings (Drains of)	228
Scavenging Depôts	1,944
Persons or premises as result of Special Complaint	470

Of the 3,606 notices served under the several Acts relating to the abatement of nuisances or for the contravention of the bye-laws during the year, 2,421 were preliminary or intimation notices, while the remaining 1,185 were statutory notices, 283 of which remained uncomplied with at the end of the year. The notices referred to in this paragraph are in addition to those mentioned in the appendix to the section upon Housing Conditions.

As one of the results of these inspections it was considered necessary to institute legal proceedings in 15 instances under the Public Health Acts (11 in respect of unabated nuisances involving 17 houses, and 4 in respect of slaughtering on unlicensed premises), and in 1 instance under the Council's Bye-laws. (see page 102).

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS OR REGULATIONS.

There are 434 premises in the district which are controlled by Bye-laws and Regulations, a decrease of 2 as compared with those of the previous year. The number and character of such premises are given in Table 52 of this report (see Appendix).

HOUSES LET IN LODGINGS.

It is not considered that any of the houses in the district are of the nature to require the application to them of bye-laws made under Section 90 of the Public Health Act, 1875.

OFFENSIVE TRADES.

No offensive trades have been established within the Rhondda Urban District with the written consent of the Council under Section 112 of the Public Health Act, 1875.

COMMON LODGING-HOUSES.

There has been a diminution of one in the number of common lodging-houses in the district during the year, that situated at the Old Lamb Inn, Ystrad, having been discontinued. There are 9 of these establishments in the district, one at Pentre, five at Ystrad, one at Penygraig, and two at Dinas, the total providing accommodation for 372 persons.

Frequent periodical visits of inspection are paid to all the common lodging-houses by Inspectors D. B. Davies and Gwilym Griffiths, in whose districts all the lodging-houses are situated, and, as occasion arises, by Chief Inspector J. Towy Thomas and the Medical Officer of Health. The total visits paid by the two district inspectors concerned amounted to 462 during the year.

Speaking generally, they were found to be conducted satisfactorily. No complaint was received during the year, nor was it necessary to take legal action respecting any of the houses concerned. All the houses are registered for a period of twelve months, in accordance with the provisions of the Rhondda Urban District Council Act, 1905.

The necessity of renewing periodically the registration of their houses no doubt serves as a further controlling influence over the keepers.

UNDERGROUND SLEEPING-ROOMS.

Subsequent to the passing of the Housing, Town Planning, &c., Act, 1909, the Council submitted Regulations to the Local Government Board in pursuance of Section 17(7) of the Act, which were approved and received the Board's sanction on the 24th November, 1913. The outbreak of war and the resulting conditions have rendered it necessary to defer the application of these Regulations to a considerable number of under-tenements affected by them. It however becomes necessary occasionally to condemn as unfit for human habitation an instance of this kind where the existence of other unsatisfactory conditions add to the need for this course. It will not be expedient to change this policy of enforcing the Regulations only in exceptional instances until the housing accommodation in the district will have been adequately improved by the erection of a considerable number of houses.

REPORTS DURING THE YEAR.

In addition to the ordinary statistical matter the following subjects were dealt with in the reports placed before the Council during the year.

Authorization of Sanitary Staff under Section 15, Housing and Town Planning Act, 1909.
Back Lanes—Condition of.
Cerebro-Spinal Fever.
Closing Orders in operation 3 or more months (5).
Death-rate for 1925.
Determination of Closing Orders (6).
Drainage of Gelli.
Duties of the Health Visitors—Certain aspects of.

Encephalitis Lethargica.
Hospital—Admission of visitors.
Houses unfit for human habitation (7).
Houses without a proper water supply (4).
Infantile Mortality Rate for 1925.
Meat Inspection—Instruction in.
Milk and Dairies (Consolidation) Act, 1915.
Milk Purveyors—Registration of (3).
Office Accommodation.
Proposed Additional Welfare Centres.
Public Health Act, 1925.
Public Health (Meat) Regulations, 1924 (2).
Public Health (Prevention of Tuberculosis) Regulations, 1925.
Railway Side, Porth—Drainage and Refuse Removal.
Refuse Removal—Council's houses at Wattstown.
Repair and Painting of Small Pox Hospital.
Review of Maternity and Child Welfare Work.
River Pollution.
Salaries of Health Visitors and School Nurses.
Salary of the Matron of the Council's Hospitals.
Tuberculosis in Cattle.
Tuberculosis Order of 1925 (No. 2). Meat Inspection.
Water Supply, Porth.

ADOPTIVE ACTS.

The Infectious Disease (Notifications) Act, 1889; The Infectious Disease (Prevention) Act, 1890; and the Public Health Acts (Amendment) Act, 1890, Part III., were adopted by the Rhondda Council from the 1st January, 1894, and the Notification of Births Act, 1907, from the 24th April, 1909.

UNSOUND FOOD.

During the year the following were condemned as unfit for the food of man and their use for such purpose prevented :—

Beef	2,854 lbs.
Bovine Organs	557 lbs.
Pickled Beef	80 lbs.
Pork	299 lbs.
Veal	36 lbs.
Chickens	11 lbs.
Rabbits	30
Corned Beef	51 lbs.
Bacon	137 lbs.
Tongue	1 tin.
Canned Fish	25 tins.
Haddock	28 lbs.
Hake	8 lbs.
Shrimps	28 lbs.
Condensed Milk ...	252 tins.
Tomatoes	575 lbs.
Tomatoes	382 tins
Potatoes	280 lbs.
Swedes	7 tons
Apples	153 lbs.
Pomegranates	20 cases
Canned Fruit	81 tins

LEGAL PROCEEDINGS.

The following table indicates the number and nature of the instances in which the Department's activities led to proceedings at the Local Courts of Justice in the course of the year 1925.

Offence.	No. of Cases	Court		Result						Amount of Fines and Costs.		
		Ystrad	Porth	Fines	Ordered to pay costs	Discharged with a caution	Bound over for 2 years	Dismissed	Ordered to Abate.	£	s	d
SHOPS ACT, 1912.												
WEEKLY HALF-HOLIDAY ORDER—												
Shop open after Closing Time ...	5	2	3	3	2	—	—	—	—	2	10	0
Selling after Closing Time ...	2	2	—	1	1	—	—	—	—	0	14	0
Selling non-exempted articles during prohibited hours in a shop	10	7	3	6	4	—	—	—	—	5	6	6
LOCAL CLOSING ORDERS—												
Shop open after Closing Time ...	2	2	—	—	2	—	—	—	—	0	10	0
Selling after closing time ...	1	—	1	1	—	—	—	—	—	0	10	0
Selling non-exempted articles during prohibited hours in a shop.	2	2	—	1	1	—	—	—	—	0	15	0
Selling non-exempted articles during prohibited hours in a place not being a shop ...	2	2	—	1	1	—	—	—	—	0	15	0
OTHER OFFENCES—												
Failing to exhibit notice *re* mixed business	12	11	1	5	7	—	—	—	—	4	5	0
Failing to exhibit notice *re* Assistant's Weekly Half-Holiday ...	7	2	5	5	1	—	—	1	—	3	10	0
Failing to exhibit notice *re* Employment of Young Person ...	3	2	1	2	—	—	—	1	—	1	0	0
Failing to provide seat where female assistant employed ..	1	1	—	1	—	—	—	—	—	1	0	0
Failing to allow assistants the lawful interval for dinner ...	1	1	—	1	—	—	—	—	—	2	0	0
Failing to allow assistants the lawful interval for tea ...	4	4	—	—	4	—	—	—	—	0	16	0
Employing Assistants on Weekly Half-Holiday	3	2	1	—	3	—	—	—	—	0	14	0

LEGAL PROCEEDINGS—*continued.*

Offence.	No. of Cases.	Court		Result						Amount of Fines and Costs.		
		Ystrad.	Porth.	Fines.	Ordered to pay costs	Discharged with a caution	Bound over for 2 years	Dismissed	Ordered to Abate.	£	s.	d.
OTHER OFFENCES (continued)— Obstructing Shops Inspector in execution of his duties ...	1	1	—	1	—	—	—	—	—	0	15	0
SHOPS ACTS, 1920 and 1921.												
Shop open after Closing Time ...	31	17	14	11	18	—	—	2	—	11	1	0
Selling after Closing Time ...	8	4	4	8	—	—	—	—	—	8	10	0
Selling non-exempted articles during prohibited hours in a shop	64	50	14	46	16	2	*1	—	—	65	12	0
Selling non-exempted articles during prohibited hours in a place not being a shop ...	13	7	6	11	2	—	—	—	—	11	4	0
	172	119	53	104	62	2	*1	4	—	121	7	6
PUBLIC HEALTH ACTS.												
Unabated Nuisances	11	1	10	—	10	—	—	—	11	5	17	0
Depositing house refuse on lane, etc.	1	1	—	—	—	1	—	—	—	—		
Slaughtering on unlicensed premises	4	—	4	—	—	—	—	4	—	—		
	188	121	67	104	72	3	*1	8	11	127	4	6

*In addition to costs.

In one case under the Shops Act, 1912, where a conviction was obtained for failure to affix a notice in the prescribed form specifying the day of the week on which a shop assistant was not employed after half-past one o'clock in the afternoon the judgment of the Local Court was, on appeal by the defendants, affirmed with costs by a Court of the King's Bench Division in the High Court of Justice.

In addition the department was involved in applications made to the County Court by the Council on behalf of the tenants for Orders for the suspension of increases in rent under the Rent and Mortgage Interest Restrictions Acts, 1920 to 1925, the number and results of such applications being as follow :—

Applications made during the year	12
Orders granted for suspension of increase ...	2
Orders refused for suspension of increase ...	1
Withdrawal, tenant having become owner ...	1
No order granted, work having been executed by owners during adjournments	5
Cases standing adjourned at end of year ...	3

DISINFECTION.

The disinfection of presumably infected articles, conveyed to and from infected houses by means of a motor van and one of two specially-designed horse-drawn disinfecting vans, has been carried out by means of an " Equifex " steam disinfector installed at the Tyntyla Isolation Hospital. Fumigation with formaldehyde vapour or sulphur dioxide gas or both combined has been adopted for the disinfection of rooms and, occasionally and in addition, the walls and contents of rooms are sprayed with a liquid disinfectant.

WATER SUPPLY.

In the main the inhabitants of the Rhondda Urban District derive their water supply from two undertakings owned and controlled by the Rhondda Urban District Council and by the Rhondda and Pontypridd Joint Water Board respectively. The Council supply the Rhondda Fawr Valley down to Penygraig on the right side and to Trealaw on the left side of the valley, the upper portion of each of these two localities being supplied from this source whilst the Joint Board supply the remaining and lower portion of the larger valley, the Rhondda Fach Valley, and the common valley below the junction of the other two. In addition to these two main supplies there are subsidiary undertakings under private control at Cwmparc, Llwynypia, and Clydach Vale within the Council's area of supply and at Pontygwaith within the Joint Board's limits, as well as a few scattered houses or groups of houses which obtain their supply from private sources.

THE COUNCIL'S WATER SUPPLY.

The Council has statutory powers to supply an area of 15,182 acres within which are situated over 14,000 houses with an estimated population of nearly 90,000 persons.

The water supply is derived from Llynfawr Reservoir situated beyond the ridge at the head of the Rhondda Fawr Valley and therefore outside the Rhondda Urban area.

Under the Council's Acts of 1899 and 1902 powers were obtained to raise the level of this natural lake by 25 feet and to construct a tunnel through which a main has been laid to carry water from the reservoir thus made to the Rhondda Fawr Valley and, when not used for this purpose, to carry water from a collecting tank at a high elevation in that valley to the Llynfawr Reservoir. The storage capacity of the reservoir was thus increased to 202,000,000 gallons, of which 194,000,000 gallons are available for distribution, and the area of water was extended to

25 acres, the height of the surface of water in a full reservoir being 1,208 above Ordnance Datum. The gathering ground pertaining to this reservoir covers an area of only 250 acres but the arrangements made permit the transference, through the tunnel to the reservoir, of water derived from the upper part of the water shed of the Rhondda Fawr Valley and collected into a tank placed at a sufficient height at Gareglwyd to permit the flow of water to the reservoir by gravitation. The water thus collected is made to enter the reservoir at a point as far removed as possible from the outlets so as to secure the thorough admixture of the incoming water with the bulk of the water contained in the reservoir as well as a longer time for the subsidence of any particulate matter held in suspension in the entering water to take place.

The water thus impounded in the Llynfawr Reservoir possesses the usual characteristics of an upland surface water, is of a high degree of native purity, and possesses a low degree of hardness, but, owing to the peaty nature of portions of the gathering ground, the water has a certain amount of plumbo-solvent action. The plumbo-solvency is not marked owing to the neutralizing effect of the mixture of different types of water in the reservoir prior to its distribution. The Llynfawr Reservoir is connected with a service reservoir which has a capacity of 7,000,000 gallons, and which is situated at Ty'nywaun at the head of the larger valley. This service reservoir also receives water from a stream known as Nant Ffernol which drains an area of about 230 acres on the eastern side of the valley. Prior to its discharge into the distributing mains the water from the Ty'nywaun reservoir is passed through sand filters.

In order to supply water to Fernhill Cottages, Blaenrhondda, and Blaencwm, portions of which are above the level of Ty'nywaun reservoir, two Bell's mechanical filters, each capable of dealing with 120,000 gallons per 24 hours, have been installed above Fernhill (the water being drawn from the main connecting Llynfawr and Ty'nywaun Reservoirs). In addition to the mechanical filtration of the water, chemical treatment to neutralize the plumbo-solvency is also applied.

The mains bearing the water from the service reservoir at Ty'nywaun are constructed of cast iron protected by Angus-Smith's solution whilst the connections from similarly constructed branch mains to the individual houses are made of lead pipes. In the course of distribution two subsidiary service tanks have been utilised. A small tank having a capacity of 4,000 gallons is situated on the side of Tyntyla hill at a height of 625 feet above sea level and was previously used as a collecting tank when the neighbouring hill-side served as a supplementary source of water. The second tank, of a capacity of 100,000 gallons, has been constructed at Blaenclydach at a height of 856 feet above Ordnance Datum. This tank is supplied by means of pumps with water delivered at the pumping station by gravitation from the Council's mains, this arrangement being necessary in order to provide a proper water supply to the lower part of the Clydach Vale district.

Under the provisions of the Rhondda Urban Distict Council Act, 1920, Clause 13, the Council have been empowered to enlarge the pumping station at Blaenclydach and to construct a larger tank at a higher level in order that the whole of the Clydach Vale area may be supplied with water drawn from the Llynfawr undertaking.

The new work has been taken in hand and will be completed early in 1926. The new tank is situated 1,100 feet above Ordnance Datum; its walls are of steel and the roof of concrete. The tank is cylindrical with a diameter of 100 feet, a depth of 20 feet 6 inches, and a capacity of 6,000,000 gallons. The pumping station has been enlarged by the installation of two 90 horse-power gas engines which are connected with a duplicate set of horizontal three-throw pumps each capable of delivering 21,000 gallons per hour. The necessary mains connecting the tank with the various parts in the area of supply have also been laid and it is hoped that the owners of property in the district will take advantage at an early date of the facilities provided by the new undertaking.

Within the statutory area of distribution of the Council's water undertaking there are several large groups of houses supplied from private sources at Cwmparc, Llwynypia, and Clydach Vale. At Cwmparc about 500 houses are supplied with water provided by the Ocean Colliery Company. The gathering ground of this supply is situated at the foot of Graigfawr and extends over an area of about 300 acres. The water from this area forms two streams called Nant Cwm-tai'r-nant and Nant Coedcae which unite to form the Cwmparc Brook. From an intake in the last-mentioned stream about a quarter of a mile from the confluence of the two smaller streams leads a stoneware pipe to discharge into two uncovered tanks situated about a third of a mile from the intake. These tanks are lined with fire-bricks and each has a capacity of from 10,000 to 15,000 gallons and, after passing through three small valve-pits, water from these tanks is distributed to the houses supplied. No effective means of purifying the water by filtration or otherwise are in operation and the storage provision is quite inadequate in relation to the number of persons supplied. A group of 44 houses at Vicarage Terrace, Cwmparc, is supplied from a small tank situated about 200 yards from the houses, the water being mainly obtained as the result of the surface drainage of some ground in the neighbourhood of the tank.

Llwynypia Private Supply.—The water supply of about 300 houses in the Llwynypia Terraces, Llwynypia, is provided by the Cambrian Combine Colliery Company. The water is derived from a small gathering ground at the foot of a quarry situated about 250 yards from the houses and from fissures in the quarry itself. The water is conducted through open channels partly filled with coke to an enclosed tank of about 6,000 gallons capacity and from this tank the water is distributed by iron pipes to short columns or stand-pipes provided with taps, each tap being used by the occupants of ten or twelve houses. Owing to the proximity of the gathering ground to dwellings this water is liable to pollution and the absence of filtration and of adequate storage aggravates the danger thus arising.

Clydach Vale Private Supply.—Up to the end of the year under review the upper end of Clydach Vale, which contains over one thousand houses, has been supplied from sources controlled by the Cambrian Colliery Company. The water thus supplied is obtained partly from the Clydach Brook, partly from an upland gathering ground west of Clydach Vale, and partly from a disused coal level. From these various sources the water is collected into a service tank which is enclosed by a wooden paling surmounted by a slate roof. No form of purification beyond that due to sedimentation during the very brief period of storage is applied. The supply has been very inadequate in quantity during times of drought and unsatisfactory in quality for a considerable number of years, and has been the source of much anxiety to the Council owing to the risk attending its use for domestic purposes. The new supply from the Council already mentioned as to become available in 1926 will serve to remove this anxiety.

In addition to the private supplies referred to, other similar supplies to smaller groups of houses at Blaenrhondda, Ystrad, and Llwynypia still remain and, in a densely-populated area such as the Rhondda and the consequent difficulty in protecting the sources from pollution, it is incumbent upon the Council as the Sanitary Authority to take steps at every opportunity to secure the abandonment of these supplies in favour of water obtainable from the appropriate public supply.

It may be added that in the near future further precautions may have to be taken for the protection of the gathering grounds of existing supplies including that of the Council owing to the proximity of the collecting areas to the new inter-valley road communications which are now being made and which, when completed, are expected to carry much traffic.

In the course of the year Mr. Octavius Thomas, the Council's Water Engineer, received requests for 76 new services, of which 53 were for previously-existing houses. The daily consumption per head of the population supplied within the Council's area was 25·76 gallons, of which 1·81 gallons were for use for the purposes of trade.

Samples of the Council's supply are periodically taken and submitted for examination at the County Laboratory. The results, without being uniformly unexceptionable, are on the whole satisfactory, notwithstanding the inadequacy of the filtering area, in relation to the population supplied, which is provided at the Council's works at Treherbert.

THE WATER SUPPLY OF THE PONTYPRIDD AND RHONDDA JOINT WATER BOARD.

The statutory limits of the supply of the Board within the Rhondda Urban District have already been given, and are estimated to contain a population of approximately 80,000 persons.

The gathering ground of this supply is situated above Maerdy at the head of the Rhondda Fach valley and extends over an area of 2,140 acres. This area consists very largely of moorland and the water derived from it possesses the properties of typical upland surface waters. The water is impounded in two reservoirs, the larger of which is known as the Lluest Wen reservoir and has an effective capacity of 242 million gallons whilst the smaller one known as the Castell Nos reservoir, has a capacity of 20 million gallons. The heights of the draw off levels of these reservoirs are respectively 1,290 feet and 1,090 feet above Ordnance Datum. At Trebannog in the Rhondda Urban District there is a service tank with a capacity of 670,000 gallons and situated at a height of 838 feet above sea level. This tank enables the Board to supply the highest houses in that high district with water under constant pressure. Apart from purification by storage all the water supplied by the Board is filtered through mechanical filters of the Candy or Reeves type and in virtue of the statutory obligation imposed by Section 12 of the Pontypridd Waterworks and Tramroad Act, 1908, the plumbo-solvent action of the water is neutralized by the treatment of the water, prior to filtration, by the addition of sulphate of alumina and carbonate of lime.

During 1925 the average quantity of water filtered daily was 2,817,000 gallons, equivalent to 20·56 gallons per person per day in the whole area of distribution which includes other districts besides the Rhondda. It has been calculated that the amount of water used per head per day for domestic purposes amounted to 18·42 gallons, the corresponding amount for trade purposes being 2·14 gallons. As in the case of the Council's supply, the constant pressure system of distribution has been imposed upon the Board and complaints of shortage of supply have been infrequent except when alterations or repairs to the mains have been undertaken or occasionally at consumers' houses situated at some of the higher elevations in the area of distribution

Unfortunately, however, building is impeded at some of the higher situations in the district by the present inability of the Board to supply, under present arrangements, the houses built or to be built in those areas. The head of water provided by the Lluest Wen Reservoir should, however, prove sufficient for the purpose in so far as the sites likely to be built upon are concerned and the helplessness of the Board in this connection must arise from defects in their scheme of distribution and capable of correction without much difficulty.

Since the adoption of methods for preventing the plumbo-solvent action of the water no cases of plumbism attributable to the consumption of water have been brought under the observation of the Health Department. In the area of supply of the Board's system there are several subsidiary water supplies to single houses or small groups of houses and the sources and distribution of these supplies are controlled either by private persons or companies.

The chief of these subsidiary supplies are :—

(a) *Pontygwaith Water Company.* This undertaking supplies approximately 132 houses the greater number of which are situated in Llewellyn Street, Pontygwaith. The water is obtained from underground springs on the mountain side on the south western side of the smaller valley and is stored in a covered cement-lined tank of 8,437 gallons capacity and situated near the Pontygwaith Schools. No form of purification beyond sedimentation in the tank is attempted. The supply is inadequate to provide sufficient water for domestic purposes and for supplying the flushing cisterns in the water closets attached to the houses supplied.

(*b*) *Fernvale Brewery Company, Pontygwaith.*—This company has maintained its own supply of water for the purpose of its business and in addition undertakes the supply of 64 houses which are mainly situated in Brewery Street, Pontygwaith. The water is derived from underground springs situated on the slopes of Penrhys mountain and is collected into a cement-lined covered tank of 60,000 gallons capacity, This tank was constructed in 1924 owing to the dilapidated condition of a tank previously in use. No purification beyond that effected by storage is attempted. This supply has been the subject of frequent complaints owing to the insufficiency of the quantity supplied especially in the houses in the upper part of Brewery Street but since the construction of the new tank the cause of complaint has been removed to a certain extent but the comparatively low position of the tank still gives a poor supply to the houses situated at the higher levels of distribution especially when water is being simultaneously drawn in a number of the lower houses.

(*c*) At Dinas there are nine private water supplies. The largest of these supplies 18 houses in Waunarw Road and Pond Row. In each instance the water is derived from mountain springs and is collected in small storage tanks. These supplies are inadequate in quantity and are liable to pollution during the distribution of the water.

(*d*) There are several small private water supplies at Cymmer but these are being gradually replaced by the water supply obtainable from the Joint Water Board.

As in other parts of the district, all these private supplies are proving a source of anxiety owing to the risk of pollution, inadequate control, and the absence of means of purification. The steady pressure hitherto brought to bear upon the owners of the houses thus served to abandon their present supplies for the safer alternative available by application for a supply from one or other of the two public undertakings in the district should not be relaxed.

ADMINISTRATION.

One material change in the *personnel* of the department was caused during the year by the resignation of Dr. Caroline J. Maclennan, a medical member of the staff, after five years of competent and loyal service. The vacancy thus created was filled by the appointment of Dr. Gwladys D. Davies who however had not taken up her duties during the year under review.

FOOD SUPPLIES.

The Sale of Food and Drugs Act are administered throughout the Rhondda by the Glamorgan Council Council, the District Council not being a local authority for this purpose. The statutes and regulations in virtue of which the District Council are able to exercise control over the food supplies of the district include the Dairies, Cowsheds, and Milkshops Orders; certain provisions of the Milk and Dairies (Amendment) Act, 1922; the powers conferred by Section 28 of the Public Health Acts (Amendment) Act, 1890; the Inspection of Meat Regulations; and the bye-laws and other powers relating to the control and supervision of slaughterhouses and bakehouses. Ten of the Council's sanitary inspectors possess the special meat certificate granted by the Royal Sanitary Institute, special opportunities having been afforded many of them to attend the course on meat inspection given by the Glamorgan County Council some years ago.

MILK.

The persons now engaged in the production, sale, or distribution of milk within the district consist of the following classes in the numbers indicated.

Cowkeepers	19
Cowkeepers and Purveyors of Milk ...	21
Purveyors of Milk and Milkshop Keepers	174

As compared with the corresponding figures for the previous year, the number of those engaged solely as cowkeepers has increased by six, while there has been a corresponding decrease of those acting as purveyors as well as cowkeepers, the total number of the latter remaining the same; the number in the third group in the above table also continues unaltered.

It is estimated that the 195 cows within the district yielded a total daily average of 231 gallons in the course of the year, while the additional quantity of 3,587 gallons is daily imported from outside the area. The total quantity of fresh cow's milk estimated to have been consumed in the district in the course of the year thus amounted to 1,393,570 gallons and is equivalent to 0·182 pint per head per day for a population of 167,570 persons. Similarly the average daily amounts per person in fractions of a pint estimated to have been taken during the years 1918 to 1924 were 0·105, 0·167, 0·167, 0·152, 0.165, 0·175, and 0·178 respectively. The yield of milk within the district during the year under review showed a decrease of 17 gallons a day whereas the daily quantity of milk imported into the district increased by 96 gallons. The above figures afford evidence that the consumption of milk per head in the district is steadily though slowly increasing, but is still far short of the one pint per person per day the consumption of which recent investigations have shown to have very beneficial effects upon the growth in height, weight, and general vitality of school children upon whom the observations have usually been made. The benefits derived are due not only to the chemical value of the constituents of milk as a food but also to the nature and amount of the vitamins which are known to be contained in milk and which are specially valuable in preventing rickets and the consequent deformities and disabilities in child consumers.

The 214 premises in the district directly concerned with the production, sale, or distribution of milk were periodically visited during the year by the district inspectors under whose immediate supervision they are placed.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The method of supervision of producers and retail purveyors of milk in the district remained unchanged during the year and the requirements were based mainly on the terms of the Regulations adopted by the Council in 1905 under powers granted by the Dairies, Cowsheds and Milkshops Order, 1885. The revision of the Regulations in such a manner as to crystallize the requirements into more definite forms has not been further proceeded with during the year as it is anticipated that the new orders and regulations which it is proposed to issue under the Milk and Dairies (Consolidation) Act, 1915, will obviate the necessity of completing a difficult task.

During the past year 8 applications for registration as retail purveyors of milk were received. It was ascertained on inquiry that the greater proportion of these applicants proposed to import milk from various districts and to distribute it immediately to their customers and by so doing to incur the least possible expenditure in providing suitable premises for the storage of milk and utensils and the means of cleansing the milk vessels. As a consequence, the majority of the applicants could not immediately be approved and the Council have postponed the consideration of such applications until the new orders or revised regulations dealing with the storage and distribution of milk have become operative in the district. A fair proportion of retail purveyors have constructed dairies or converted existing buildings into dairies suitable in essential respects for the storage of milk and utensils but there is a general lack of facilities for adequate cleansing of the utensils by steam and the methods of distribution are unsatisfactory in that they entail the exposure of milk to contamination in public places.

No applications for licenses to sell any of the graded varieties of milk under the provisions of the Milk (Special Designations) Order, 1923, were received during the year and it is disappointing to have to record that no such applications have been received from local producers or purveyors of milk since the designated varieties were defined in the Order referred to.

No opportunity has occurred for taking action under the provisions of the Public Health (Prevention of Tuberculosis) Regulations, 1925, which came into operation on August 1st, 1925. One person, employed as a milk purveyor, was certified to have died of phthisis in March, 1925, but it was ascertained that since his disease was definitely diagnosed he had refrained from handling milk or milk utensils.

Through the courtesy of Dr. E. Colston Williams, the County Medical Officer for Glamorganshire, the results of the bacteriological examination of 34 samples of milk collected in the Rhondda during 1925, have been received. In 16 instances the milk was produced on local farms or by cowkeepers in the district; five samples of locally produced milk satisfied the bacteriological standard imposed for the "Certified" grade and five other samples were of sufficient purity to be classified as "Grade A" milk whilst the remaining six were too heavily contaminated to admit their inclusion in either of the above grades. The remaining 18 samples were taken from consignments of milk imported into the Rhondda; three of these gave results within the standard of "Certified" milk and seven were of "Grade A" standard whilst the remaining eight were below both these standards. The presence of tubercle bacilli was not reported in any of the 34 samples examined and these organisms were presumably absent. None of the samples was free from sediment and the amounts found varied from 1 part to a maximum of 12 parts per 100,000. Fourteen samples contained more than two parts of sediment per 100,000 and of these 10 were obtained from imported consignments of milk. The presence of sediment visible to the naked eye which characterizes much of the milk introduced into the district indicates that there is a considerable amount of comtamination of milk at the places of production or during its transit and it is hoped that the provisions of the Orders to be issued under the Milk and Dairies (Consolidation) Act, 1915, will impose such a standard in the methods of milking and in the degree of cleanliness of cowsheds, milk-yielding cows, and utensils as will serve to render improbable the presence of sediment, observable by the naked eye, in milk intended for human consumption.

MEAT.

The existence of 25 private slaughter-houses,—a decrease of 1 as compared with the previous year,—at which the whole of the slaughtering within the district is carried on and to which 1,175 visits of inspection were paid during the year, renders the efficient inspection of meat impossible without a prohibitive increase in the number of inspectors.

Altogether a total of 1,334 lbs. of meat and 277 lbs. of offal were destroyed as showing the presence of tuberculosis, the meat being surrendered for destruction or safe disposal by the owners.

The number and status of the slaughter-houses in the district and the changes since 1914 are set out in the following table:—

	In 1914.	January 1925.	December 1925.
Registered ...	8 ...	2 ...	2
Licensed ...	29 ...	23 ...	23
	37	25	25

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

The above Regulations came into operation on April 1st 1925. The duties of meat inspection in the Rhondda have been carried out by the Sanitary Inspectors, ten of whom possess the Meat Inspectors' Certificate of the Royal Sanitary Institute. When it is realised that there are 25 private slaughter-houses scattered all over the district, it is obvious that an adequate inspection of all carcases is quite impracticable owing to irregular times of slaughter. In order to secure proper inspection of the carcases it will be necessary to establish one or more municipal abattoirs where the times of slaughtering can be regulated and sufficient work provided for one or more whole-time meat inspectors. A conference with the representatives of the Butchers' Associations in the district was held when the Regulations became operative, in order to discuss and consider the various details arising in the administration of the Regulations and, whilst the representatives agreed that improved methods for the protection of meat were necessary, a general agreement as to the most appropriate methods to be adopted was difficult to attain.

It is satisfactory to note that the structural arrangements of butchers' premises in the district in nearly all cases comply with the Regulations and practically all shops are protected at all times by glass fronts and the internal fixtures are kept clean and are constructed of such material as to render cleanliness comparatively easy to maintain.

Whilst there has been some improvement in the methods adopted for the protection of meat in shops there is still a general lack of precautions during the conveyance of meat from place to place as, not infrequently, meat is exposed during transit and, even when covered, the material used often appears to be soiled and to consist of ordinary sacking.

OTHER FOODS.

There are 145 bakehouses within the district, an increase of 1 as compared with the previous year. With two or three exceptions, they are small and the number of persons employed in them are few. There were paid to them 539 visits of inspection during the year and they were generally found to be in a satisfactory condition. There are no instances in the area of underground bakehouses as defined in the Factory and Workshop Act, 1901.

HOUSING.

The year under review has not witnessed any effective improvement in the general housing conditions of the district although, considered apart from previous years, the 54 houses passed for occupation in the course of the year would have sufficed for the maintenance of the conditions existing in the previous year. The population in 1925 was estimated as being 4,853 in excess of that in 1921 (last census year) and in the latter year it was calculated that 3,232 additional houses were required to relieve the overcrowding existing at that time. It may therefore be stated that, after making due allowance for the houses erected since 1921, nearly 4,000 houses are still required to meet the immediate housing needs of the district, even excluding all provision for the accommodation of those that would be dislodged by the closure of about 600 basement tenements which call for condemnation. Fourteen houses were made the subject of closing orders during the year while 12 closing orders were determined on the restoration of the houses to a habitable condition.

Of the 218 plans submitted to the Council during the year, 193 were approved but only 7 of them related to dwelling-houses.

Owing to the aggravation of the depressed state of the coal trade and the consequent unemployment and inability to pay rent, increasing reluctance was shown by houseowners in executing required repairs and in abating nuisances brought to their notice, the total number of houses thus dealt with during the year being 554 as compared with 834 in the previous year.

The appended table sets out the number of houses passed for occupation from year to year since 1898 :—

In 1898 there were 317 new houses passed for occupation.
,, 1899 ,, 157 ,, ,,

In	1900	there were	148	new houses	passed for occupation.
,,	1901	,,	187	,,	,,
,,	1902	,,	334	,,	,,
,,	1903	,,	483	,,	,,
,,	1904	,,	594	,,	,,
,,	1905	,,	317	,,	,,
,,	1906	,,	879	,,	,,
,,	1907	,,	827	,,	,,
,,	1908	,,	829	,,	,,
,,	1909	,,	1,025	,,	,,
,,	1910	,,	926	,,	,,
,,	1911	,,	769	,,	,,
,,	1912	,,	439	,,	,,
,,	1913	,,	358	,,	,,
,,	1914	,,	308	,,	,,
,,	1915	,,	146	,,	,,
,,	1916	,,	129	,,	,,
,,	1917	,,	26	,,	,,
,,	1918	,,	10	,	,,
,,	1919	,,	1	,,	,,
,,	1920	,,	(a) 1	,,	,,
,,	1921	,,	(b) 58	,,	,,
,,	1922	,,	(c) 34	,,	,,
,,	1923	,,	18	,,	,,
,,	1924	,,	26	,,	,,
,,	1925	,,	54	,,	,,

(a) plus seven huts at Maerdy.
(b) plus eight huts at Maerdy.
(c) plus one hut at Ferndale.

FURTHER STATISTICS RELATING TO HOUSING IN 1925.

Number of houses erected during the year :—

(a) Total	54
(b) As part of Municipal housing scheme ...	32

UNFIT DWELLING-HOUSES.

1.—Inspection.

(1) Total number of dwelling-houses inspected (under Public Health or Housing Acts) ...	4,104
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	4,104
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	14
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation ...	3,362

2.—Remedy of defects without service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ...	80

3.—Action under Statutory Powers.

A.—Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil

(2) Number of dwelling-houses which were rendered fit:—

  (a) By Owners 502

  (b) By Local Authority in default of Owners ... ... Nil

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close ... ... Nil

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 211

(2) Number of dwelling-houses in which defects were remedied:—

  (a) By Owners 52

  (b) By Local Authority in default of Owner ... ... Nil

C.—Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders... 14

(2) Number of dwelling-houses in respect of which Closing Orders were made ... 14

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit 11

(4) Number of dwelling-houses in respect of which Demolition Orders were made ... 1

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... Nil

(6) Number of dwelling-houses in respect of which Demolition and Closing Orders were determined, the dwelling-houses having been rendered fit 1

RAG FLOCK ACT, 1911.

During the past year no samples of rag flock have been submitted from the Rhondda for analysis under the provisions of the above Act; arrangements for such analysis have been made with the Cardiff and County Public Health Laboratory should the necessity arise.

The quantity of rag flock required for industrial purposes in the Rhondda is very small and no instances of the use or proposed use of contaminated material came within the knowledge of the Health Department during the year.

RATS AND MICE (DESTRUCTION) ACT, 1919.

Members of the outdoor staff of the Health Department have continued to offer advice and guidance as to suitable methods for dealing with the prevalence of rats and mice on infested premises in accordance with the provisions of the above Act. The appointment of a whole-time officer to deal with the administration of the Act has been deferred and will be reconsidered when the economic conditions in the area have improved. The effective administration of the Act requires so much intensive preparation for organised campaigns against these pests as well as measures steadily and persistently applied throughout the year that a marked degree of success can be anticipated only if one individual is set apart for this specific purpose, to the accomplishment of which the whole of his time could be devoted.

SHOPS ACTS, 1912 TO 1921.

Number of Shops in the district in 1924 ...	3,024
New Shops established in 1925	472
Shops removed from Register in 1925	549
Net decrease of Shops 1925	77
Number of Shops in district in 1925	2,947
Number of Shops subject to Local Closing Orders ...	1,266
Number of Shops in which Assistants are employed	1,046
Number of Shops exempted from Weekly Half-Holiday Order	1,434
Number of Shops exempted from Weekly Half-Holiday Order and in which Assistants are employed ...	298
Number of Assistants in exempted shops ...	442
Legal Proceedings taken under Shops Acts during 1925	172

The systematic inspection of business premises to secure compliance with the Shops Acts and Orders made thereunder was undertaken by Inspectors T. Osborne and D. Morgan during the year.

The number of new shops established was 472 whilst 549 premises were closed for business purposes, a decrease of 77 shops in the course of the year being the result.

Assistants were employed in 35.5 per cent. of the shops in the district and the total number thus engaged reached 2,390, of whom 422 males and 237 females were under 18 years of age.

Legal proceedings for infringements of the provisions of the Shops Acts and the relative Orders were instituted on 172 occasions as compared with 223 in 1924. Fifty prosecutions were instituted against the proprietors of refreshment houses and temperance bars, whilst confectioners, greengrocers, or fruiterers were proceeded against on 36 occasions. The principal offences were the sale of non-exempted articles during prohibited hours, keeping shops open after the hour of closing, and the failure to exhibit statutory notices in the shops (cf. Table p. 102).

REPORT OF SHOPS INSPECTORS FOR THE YEAR 1925.

TRADE.	New Businesses Registered during 1925	Number of Shops Closed during 1925	Total Number of Shops end of 1925.	Number of Shops in which Assistants are employed.	Number of Assistants Employed.				Weekly Half-Holiday.										Number subject to Local Closing Order.	Legal Action taken.
					Males.		Females.		Shops.				Assistants.							
					Under 18	Over 18	Under 18	Over 18	Mon.	Thurs.	Sat.	Exempt	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.		
Bazaars and Fancy Dealers ...	2	7	15	9	1	—	17	27	—	15	—	—	—	—	—	45	—	—	—	5
Boot and Shoe Dealers	18	19	157	63	33	62	7	33	—	154	3	—	—	—	1	129	—	5	157	2
Butchers	20	26	174	108	61	109	3	15	174	—	—	—	188	—	—	—	—	—	174	12
Chemists, Herbalists and Drug Stores	4	5	36	27	16	32	1	10	—	—	—	36	—	1	3	55	—	—	—	1
Confectioners and Bread Dealers ...	67	63	250	45	2	4	8	46	—	—	—	250	3	12	14	31	—	—	—	18
Dairy Products and Milk Shops ...	7	11	39	6	—	1	—	7	—	—	—	39	—	—	2	6	—	—	—	6
Drapers, Hosiers and Milliners ...	33	37	252	119	8	50	78	219	—	247	5	—	—	—	—	338	—	17	252	10
Fried Fish and Chip Potato Shops ...	59	59	164	42	2	8	12	32	—	135	29	—	—	1	1	50	—	2	—	4
Furniture, Musical Instruments and Sewing Machine Dealers ...	4	5	47	23	3	27	1	20	—	45	2	—	—	—	—	47	—	4	47	2
Greengrocers, Fruiterers and Florists...	47	59	282	71	5	8	19	65	—	—	—	282	8	24	36	29	—	—	—	13
Grocers and Provision Merchants ...	19	27	301	215	190	432	47	165	—	297	4	—	—	—	—	792	—	42	301	9
Hairdressers	8	14	98	45	38	18	4	5	—	98	—	—	—	—	—	65	—	—	98	3
Hardware, Chinaware, Tinware, Paper, Paint and Oil Vendors ...	7	8	50	9	—	1	4	8	—	50	—	—	—	—	—	13	—	—	50	4
Ironmongers, Plumbers, Gas, Water and Sanitary Fittings Dealers ...	4	5	59	29	14	27	—	10	—	57	2	—	—	—	—	49	—	2	59	2
Newsagents, Tobacconists, Stationers and Booksellers	10	10	93	25	2	4	10	17	—	—	—	93	—	2	6	24	1	—	—	2
Photographers and Picture Framers ...	1	3	12	4	—	1	1	3	—	12	—	—	—	—	—	5	—	—	—	—
Refreshment Houses and Temperance Bars	18	22	110	40	4	27	6	27	—	—	—	110	3	19	27	15	—	—	—	50
Restaurants, Cooked Meat Shops, Coffee Rooms and Oyster Bars ...	3	4	21	8	—	—	3	9	—	—	—	21	1	4	3	4	—	—	—	4
Retailers of Intoxicating Liquors ...	19	19	132	65	1	23	7	67	—	—	—	132	1	26	45	26	—	—	—	2
Sweet Shops	98	110	463	6	—	1	—	5	—	—	—	463	—	2	—	4	—	—	—	10
Tailors, Clothiers and Outfitters ...	10	17	94	49	27	58	2	16	—	92	2	—	—	—	—	99	—	4	94	2
Watchmakers and Jewellers ...	6	10	34	7	3	2	1	2	—	34	—	—	—	—	—	8	—	—	34	1
Miscellaneous	8	9	64	31	12	12	6	16	—	55	1	8	—	1	2	42	—	1	—	10
Totals ...	472	549	2947	1046	422	907	237	824	174	1291	48	1434	204	92	140	1876	1	77	1266	172

FACTORY AND WORKSHOP ACT, 1901.

The total number of workshops and workplaces in the district at the end of 1925 amounted to 1,058, or 4 more than in the previous year. The sanitary inspectors undertake the routine inspections required under the provisions of the Act and paid 584 visits for that purpose during the year. The number of defects thus discovered came to 28, in respect of which 20 notices were served, and of the total number of defects under observation throughout the year 29 were remedied and 11 remained outstanding at the end of the year.

Plans of six new workshops were approved during 1925, the procedure followed involving the submission of a joint report thereupon to the appropriate committee by the Surveyor and Medical Officer of Health, due regard being given to the requirements of the Act and the Orders made thereunder as far as applicable in each case.

The following tables give the numbers and classification of the workshops in the district and indicate the instances in which specified requirements were complied with.

Workshops and Workplaces in the Rhondda in Wards, 1925.

	1	2	3	4	5	6	7	8	9	10	11	Total
Bakers ...	13	17	15	12	12	9	9	12	5	7	10	121
Barbers ...	10	8	12	9	11	15	9	11	6	7	9	107
Blacksmiths ...	2	1	1	1	1	2	3	2	—	2	1	16
Bootmakers ...	13	15	18	18	18	13	10	11	8	8	8	140
Bottling Stores ...	—	—	—	—	—	2	—	—	—	—	—	2
Carpenters ...	8	10	5	4	8	10	3	6	5	4	10	73
Clothes Repairers	—	—	1	—	—	1	—	—	—	—	—	2
Coach Builders ...	1	1	—	—	—	1	—	2	—	2	—	7
Cycle Repairers ...	—	1	1	1	—	3	1	4	3	2	—	16
Dressmakers ...	13	14	10	13	10	5	6	14	8	10	15	118
Dressmakers and Milliners (Comb.)	1	1	3	1	—	—	5	3	1	1	1	17
Fried Fish Shops	18	18	10	8	16	16	15	16	9	9	15	150
Glaziers ...	2	2	2	—	1	1	2	1	—	—	1	12
Jewellers ...	3	3	3	2	1	6	2	6	—	2	5	33
Laundries ...	—	1	1	—	—	—	1	—	—	—	1	4
Milliners ...	7	8	9	7	6	6	4	8	3	5	12	75
Monumental Masons ...	—	3	—	—	—	3	—	—	1	1	1	9
Picture Framers ...	2	2	—	1	—	1	2	—	1	1	1	11
Plumbers ...	1	2	3	2	1	2	1	3	2	2	2	21
Printers ...	2	2	—	—	—	—	—	3	—	—	—	7
Quarries ...	5	4	4	8	1	3	6	4	2	2	2	41
Saddlers ...	1	—	1	—	—	1	2	3	—	—	1	9
Sweet Makers ...	1	1	2	1	—	—	—	—	—	—	—	5
Tailors ...	4	8	12	5	2	6	4	4	3	—	5	53
Tinmen ...	—	1	1	1	1	1	—	1	—	2	—	8
Wagon Repairers...	—	—	—	—	—	—	—	—	—	—	1	1
Totals ...	107	123	114	94	89	107	85	114	57	67	101	1058

Inspection of Factories, Workshops and Workplaces. 1925.

PREMISES. (1)	Number of Inspections. (2)	Number of Written Notices. (3)	Number of Prosecutions. (4)
Factories— (Including Factory Laundries) ...	140	8	—
Workshops— (Including Workshop Laundries) ...	444	12	—
Totals ...	584	20	—

Defects found in Factories and Workshops, 1925.

PARTICULARS.	Outstanding 1924.	Number of Defects.			No. of Prosecutions.	Outstanding 1925.
		Found	Remedied	Referred to H.M. Inspector		
NUISANCES UNDER THE PUBLIC HEALTH ACTS—						
Want of Cleanliness	1	2	3	—	—	—
Want of Ventilation	—	—	—	—	—	—
Overcrowding	—	—	—	—	—	—
Want of Drainage of Floors ...	—	1	1	—	—	—
Other Nuisances	—	11	11	—	—	—
Sanitary Accommodation						
Insufficient ...	6	1	1	—	—	6
Unsuitable or Defective	3	3	3	—	—	3
Not separate for sexes...	2	—	—	—	—	2
OFFENCES UNDER THE FACTORY AND WORKSHOP ACT—						
Illegal occupation of Underground Bakehouses (s. 101) ...	—	—	—	—	—	—
Breach of special sanitary requirements for Bakehouses (ss. 97 to 100)	—	10	10	—	—	—
OTHER OFFENCES—						
(Excluding offences relating to outwork)	—	—	—	—	—	—
Totals ...	12	28	29	—	—	11

Factories and Workshops, 1925. Other Matters.

CLASS. (1)		Number (2)
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)		—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts but not under the Factory and Workshop Act (S. 5, 1901)	Notified by H.M. Inspector ...	16
	Reports of Action taken sent to H.M. Inspector	—
Other		—
Underground Bakehouses (S. 101) in use at the end of the year		—

APPENDIX.

TABLE 1.

Population of the Rhondda at each Census since 1801.

Year.	Houses.			Persons.			Persons per House.
	In-habited.	Unin-habit-ed.	Build-ing.	Males.	Females.	Total.	
*a*1801				265	277	542	
1811				283	293	576	
1821				309	338	647	
1831				277	265	542	
1841				386	362	748	
1851				493	458	951	
1861	561	107	5	1,669	1,366	3,035	5·4
1871	2,710	32	62	9,559	7,355	16,914	6·2
*b*1871						23,950	
1881	9,193	340	158	30,877	24,755	55,632	6·0
1891	13,551	146	374	50,174	38,177	88,351	6·5
1901	19,210	368	112	62,315	51,420	113,735	5·92
1911	26,250	457	444	83,209	69,572	152,781	5·82
1921	28,139	403	92	85,316	77,401	162,717	5·78
1925						167,570	

NOTES.

(*a*) The census returns for 1801 include Rhigos, which is not within the present area of the Rhondda District.

(*b*) Portions of the Llanwonno and Llantrisant Districts were added to the Rhondda District on October 1st, 1879.

The Registrar-General estimated the population in the enlarged area in 1871 at 23,950.

TABLE 1a.

Natural Increase of Population in Rhondda.

Year.	Population.	Natural Increase.	Natural Increase per 1,000.	
1925	**167,570**	**1,697**	**10·1**	
1924	167,900	2,090	12·4	**14·31**
1923	167,900	2,026	12·1	
1922	167,500	2,030	12·1	
1921	166,600	2,895	17·4	
1920	165,271	2,809	17·0	
1919	163,952	2,152	13·1	
1918	162,664	2,006	12·3	
1917	161,346	2,168	13·4	
1916	160,059	2,541	15·9	
1915	158,782	2,765	17·4	
1914	157,515	3,148	20·0	**20·45**
1913	156,259	3,145	20·1	
1912	155,012	3,054	19·7	
1911	153,775	3,139	20·4	
1910	149,464	3,447	23·1	
1909	145,116	3,346	23·1	
1908	140,894	2,938	20·8	
1907	136,794	2,698	19·7	
1906	132,814	2,677	20·1	
1905	128,951	2,262	17·5	

TABLE 2.

Rateable and Assessable Values of the Rhondda Urban District

I am indebted to Mr. JOHN HOPKINS, Treasurer to the Council, for the following statement:—

Year ending 31st March.	Rateable Value.			Assessable Value.			General District Rate in the £ per annum.	
	£	s.	d.	£	s.	d.	s.	d.
1896	409,807	2	6	341,050	13	11	2	6
1897	443,290	0	0	371,927	4	7	2	6
1898	451,977	5	0	379,042	3	9	2	6
1899	462,354	1	6	387,533	3	6	2	6
1900	463,387	12	6	387,549	19	9	2	9
1901	490,352	15	0	413,620	18	4	2	9
1902	481,521	10	0	404,692	18	4	3	0
1903	539,336	15	0	464,698	15	5	3	0
1904	515,731	0	0	444,285	10	0	3	8
1905	527,210	5	0	453,629	0	0	3	2
1906	520,041	10	0	441,745	1	8	3	0
1907	534,772	15	0	455,087	5	0	3	0
1908	569,169	10	0	486,645	16	8	3	3
1909	622,832	10	0	540,429	15	10	3	6
1910	646,069	0	0	561,456	7	11	3	3
1911	643,471	0	0	556,621	5	10	3	3
1912	617,992	15	0	545,344	12	6	3	3
1913	616,381	15	0	541,432	14	7	3	6
1914	698,065	10	0	623,389	16	8	3	3
1915	694,431	15	0	618,485	10	5	3	6
1916	711,967	0	0	649,216	0	0	3	6
1917	768,717	10	0	705,747	13	9	3	0
1918	755,374	15	0	692,921	9	7	3	6
1919	677,458	0	0	615,599	3	9	5	6
1920	657,985	5	0	590,905	18	9	7	4
1921	595,067	0	0	528,577	2	6	11	0
1922	517,508	15	0	451,981	11	8	9	0
1923	607,187	10	0	549,286	10	5	7	3
1924	631,554	10	0	568,792	9	7	7	0
1925	638,347	15	0	573,844	4	7	6	6
1926	**603,256**	**15**	**0**	**543,334**	**2**	**6**	**6**	**6**

A penny rate on the Assessable Value produces £2,263 17s. 0d. (Gross).

An analysis of the Rateable values of the houses in the District gives the following result:—

£100 and upwards	·59
Between £50 and £100	·76
,, £25 and £50	2·77
,, £10 and £25	9·30
Below £10	86·58
	100·00

TABLE 7.

Number of Births, Birth-rate, number of Deaths of Children under one year of age, Infantile Mortality-rate, number of Deaths, and Death-rate in each year since 1891.

YEAR.	Total Number of Births.	General Birth-rate per 1,000	Number of Deaths of children under one year of age.	Infantile Mortality-rate per 1,000 births.	Total Number of Deaths.	General Death-rate per 1,000.
1891	3,935	44·3	862	219	2,255	25·4
1892	3,916	42·9	757	193	1,804	19·8
1893	4,149	44·3	932	225	2,132	22·8
1894	3,715	38·7	757	204	1,706	17·7
1895	4,245	43·1	997	235	2,246	22·8
1896	4,328	42·9	855	198	2,105	20·8
1897	4,109	39·7	838	204	2,049	20·1
1898	4,120	38·8	793	192	1,979	18·8
1899	4,089	37·5	1,016	248	2,419	22·4
1900	4,469	40·0	839	188	2,181	19·9
1901	4,586	40·0	1,020	222	2,431	21·2
1902	4,937	41·8	883	179	2,190	18·6
1903	4,897	40·3	778	159	1,998	16·4
1904	4,860	38·8	925	190	2,345	18·7
1905	4,664	36·2	927	199	2,402	18·6
1906	4,751	35·8	821	173	2,074	15·6
1907	4,831	35·3	782	162	2,133	15·6
1908	5,454	38·7	1,002	184	2,516	17·9
1909	5,577	38·4	724	130	2,231	15·4
1910	5,628	37·7	770	137	2,181	14·6
1911	5,491	35·7	902	164	2,352	15·3
1912	5,236	33·8	666	127	2,182	14·1
1913	5,505	35·2	766	139	2,360	15·1
1914	5,558	35·3	762	137	2,410	15·3
1915	4,983	31·4	567	114	2,218	14·0
1916	4,481	28·0	471	105	1,940	12·1
1917	4,145	25·7	425	103	1,977	12·3
1918	4,346	26·7	448	103	2,340	14·4
1919	4,263	26·0	474	111	2,111	12·9
1920	5,046	30·5	526	104	2,237	13·5
1921	4,898	29·4	538	110	2,003	12·0
1922	4,103	24·5	333	81	2,073	12·4
1923	3,897	23·2	331	85	1,871	11·1
1924	3,970	23·6	317	80	1,880	11·2
1925	**3,709**	**22·1**	**355**	**96**	**2,014**	**12·0**

TABLE 8.

Showing the number of houses, estimated population, number of deaths, and death-rate per 1,000 for each Ward.

Ward.	Number of houses.	Estimated population to middle 1925.	Number of deaths from all causes.	Death-rate per 1,000
1	2,584	15,115	191	12·6
2	3,029	17,490	237	13·6
3	2,200	12,241	147	12·0
4	2,214	13,006	142	10·9
5	2,799	16,421	198	12·1
6	2,692	16,568	168	10·1
7	2,494	14,253	194	13·6
8	3,120	17,548	214	12·2
9	2,115	12,557	138	11·0
10	2,077	12,889	159	12·3
11	3,430	19,482	226	11·6
Rhondda	**28,754**	**167,570**	**2,014**	**12·0**

TABLE 12.

Showing the number of Deaths in the Rhondda from the principal Zymotic Diseases since 1905.

Year.	Small-Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Fevers.			Diarrhœa.	Total Zymotic Deaths.	Zymotic Death-rate.	Average Zymotic Death-rate of Ten Years.
						Typhus.	Enteric.	Simple Continued.				
1905	—	84	11	55	16	—	15	1	172	354	2·7	2·4
1906	—	24	9	27	25	—	20	—	206	311	2·4	
1907	—	68	9	26	20	—	22	—	147	292	2·1	
1908	—	102	7	54	32	—	21	—	319	535	3·8	
1909	—	47	15	27	35	—	4	—	130	258	1·8	
1910	—	25	24	41	15	—	12	—	115	232	1·6	
1911	—	144	19	18	21	—	18	—	313	533	3·5	
1912	—	127	19	80	19	—	16	—	39	300	1·9	
1913	—	57	22	15	53	—	12	1	174	334	2·1	
1914	—	84	10	44	36	—	5	—	103	282	1·8	
1915	—	58	12	47	29	—	9	—	58	213	1·3	0·8
1916	—	41	8	14	17	—	5	—	55	140	·9	
1917	—	52	5	26	23	1	6	—	16	129	·8	
1918	—	89	5	37	11	—	5	—	27	174	1·1	
1919	—	25	4	38	19	—	5	—	26	117	·7	
1920	—	110	29	24	24	—	2	—	25	214	1·3	
1921	—	2	17	21	34	—	—	—	67	141	·8	
1922	—	5	18	22	11	—	1	—	18	75	·4	
1923	—	79	13	34	9	—	1	—	7	143	·9	
1924	—	5	5	12	7	—	—	—	6	35	·2	
1925	—	**92**	**6**	**43**	**9**	—	**1**	—	**20**	**171**	**1·0**	

TABLE 13.—Comparing the Death-rates from Zymotic Diseases during the years 1905-1925 in the Rhondda with those of similar Diseases in England and Wales (per 1,000 living).

Year.	Small-pox.		Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria		Fevers.						Diarrhœa.		Total Zymotic Deaths	Zymotic Death-rate.	
											Typhus.		Enteric.		Simple Con.						
	RHONDDA	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	England and Wales.	RHONDDA.	RHONDDA.	England and Wales.
1905	—	—	·65	·32	·09	·11	·43	·25	·13	·16	—	—	·12	·09	·01	—	1·34	·86	354	2·7	1·52
1906	—	—	·18	·27	·07	·10	·20	·23	·18	·17	—	—	·15	·09	—	—	1·55	·59	311	2·4	1·73
1907	—	—	·50	·36	·07	·09	·19	·29	·14	·16	—	—	·16	·07	—	—	1·08	·87	292	2·1	1·26
1908	—	—	·73	·22	·05	·08	·39	·27	·23	·15	—	—	·15	·07	—	—	2·27	·29	535	3·8	1·29
1909	—	—	·33	·35	·10	·09	·19	·20	·24	·14	—	—	·03	·06	—	—	·85	·50	258	1·8	1·12
1910	—	—	·17	·23	·16	·06	·27	·24	·10	·12	—	—	·08	·05	—	—	·77	·28	232	1·6	·99
1911	—	—	·94	·36	·12	·05	·12	·21	·14	·13	—	—	·12	·07	—	—	2·03	·29	533	3·5	1·88
1912	—	—	·82	·35	·12	·05	·52	·23	·12	·11	—	—	·10	·04	—	—	·25	—	300	1·9	—
1913	—	—	·36	·28	·14	·06	·10	·14	·33	·12	—	—	·08	·04	·01	—	1·11	—	334	2·1	—
1914	—	—	·53	·24	·06	·08	·28	·21	·20	·15	—	—	·03	·05	—	—	·65	—	282	1·8	—
1915	—	—	·37	·43	·08	·06	·30	·21	·19	·15	—	—	·06	·04	—	—	·37	—	213	1·3	—
1916	—	—	·26	·15	·05	·04	·09	·16	·11	·14	—	—	·03	·03	—	—	·34	—	140	0·9	—
1917	—	—	·32	·30	·03	·02	·16	·13	·15	·13	·01	—	·04	·03	—	—	·10	—	129	0·8	—
1918	—	—	·55	·28	·03	·03	·23	·29	·07	·14	—	—	·03	·03	—	—	·17	—	174	1·1	—
1919	—	—	·15	·10	·02	·03	·23	·07	·11	·13	—	—	·03	·01	—	—	·16	—	117	·7	—
1920	—	—	·67	·19	·18	·04	·15	·11	·13	·15	—	—	·01	·01	—	—	·15	—	214	1·3	—
1921	—	—	·01	·06	·10	·03	·13	·12	·20	·12	—	—	—	·02	—	—	·40	—	141	0·8	—
1922	—	—	·03	·15	·10	·04	·13	·16	·06	·11	—	—	·01	·01	—	—	·11	—	75	0·4	—
1923	—	—	·47	·14	·08	·03	·20	·10	·05	·07	—	—	·01	·01	—	—	.04	—	143	0·9	—
1924	—	—	·03	·12	·03	·02	·07	·10	·04	·06	—	—	—	·01	—	—	·04	—	35	0·2	—
1925	—	—	·55	·13	·04	·03	·26	·15	·05	·07	—	—	·01	·01	—	—	·12	—	171	1·0	—

TABLE 18.

Showing the number of cases and incidence of the Notifiable Diseases in the Rhondda since compulsory notification was adopted in 1894.

Year.	Cases Notified.	Estimated Population.	Incidence per 1,000 of Population.
1894	625	95,994	6·6
1895	933	98,356	9·5
1896	1,241	100,870	12·3
1897	1,031	103,445	9·9
1898	1,652	106,094	15·6
1899	2,700	108,807	24·8
1900	3,214	111,587	28·8
1901	3,039	114,587	26·5
1902	1,879	118,020	15·9
1903	1,597	121,557	13·1
1904	1,240	125,199	9·9
1905	534	128,951	4·1
1906	779	132,814	5·9
1907	773	136,794	5·7
1908	862	140,894	6·1
1909	1,091	145,116	7·5
1910	1,530	149,464	10·2
1911	1,261	153,775	8·2
1912	1,652	155,012	10·7
1913	1,820	156,259	11·6
1914	1,646	157,515	10·4
1915	1,274	158,782	8·0
1916	3,572	160,059	22·3
1917	3,376	161,346	20·9
1918	4,015	162,644	24·7
1919	2,254	163,952	13·7
1920	2,442	165,271	14·8
1921	1,917	166,600	11·5
1922	1,927	167,500	11·5
1923	1,882	167,900	11·2
1924	2,279	167,900	13·6
1925	**1,580**	**167,570**	**9·4**

Scarlet Fever, Typhoid Fever, Diphtheria, Erysipelas and Puerperal Fever became notifiable on 1st January, 1894.

Pulmonary Tuberculosis became notifiable on 1st January, 1912.

All other forms of Tuberculosis became notifiable on 1st February, 1913.

Cerebro-spinal Fever and Acute Poliomyelitis became notifiable on 1st September, 1912.

Ophthalmia Neonatorum became notifiable on 1st April, 1914.

Measles and German Measles were notifiable from 1st January, 1916, to 31st December, 1919.

Acute Encephalitis Lethargica and Acute Polio-Encephalitis became notifiable on 1st January, 1919.

Acute Primary Pneumonia, Acute Influenzal Pneumonia, Malaria, Dysentery and Trench Fever became notifiable on 1st March, 1919.

Anthrax became notifiable on 1st July, 1921.

Chicken Pox was notifiable (temporarily) from the 13th July, 1923, to the 30th June, 1924.

TABLE 49.

Summary of District Inspectors' Work, 1925.

DISTRICT.	1	2	3	4	5	6	Total.
Accumulation of Refuse	9	2	—	—	8	9	28
Accumulation of Manure	9	4	—	—	14	25	52
Blocked Drain ...	109	274	83	195	273	72	1006
Blocked W.C. ...	25	172	62	22	48	47	376
Defective Drain ...	19	103	53	40	168	53	436
Lip Trap to Gully Trap	1	—	1	1	2	—	5
Unventilated Drain ...	—	—	—	—	—	—	—
Defective Ventilating Pipe ...	3	7	1	3	7	4	25
Waste Pipe Direct ...	—	—	—	—	—	1	1
No Water in W.C. ...	7	2	1	2	35	29	76
Dilapidated or Filthy W.C. ...	15	98	53	19	23	76	284
No W.C. ...	—	—	—	—	—	—	—
Dilapidated Back Area	11	55	5	16	31	53	171
Defective or no Rain-water Shoots ...	33	70	31	21	59	65	279
Dirty Houses ...	5	2	—	3	11	7	28
Overcrowding ...	3	9	—	5	20	21	58
Animals as a Nuisance	10	9	—	1	41	5	66
Damp and Dilapidated Houses ...	20	109	37	105	105	82	58
Insufficient Water Supply ...	—	52	2	—	—	—	54
Other Nuisances ...	48	301	13	67	87	7	523

TABLE 50.

Summary of District Inspectors' work during 1925, as reported to M.O.H. each week.

DISTRICT.	Total.	1	2	3	4	5	6
Cases of Infectious Disease investigated	756	97	103	96	81	210	169
Revisits to :—							
Infected Houses	2105	427	307	150	99	769	353
Visits to :—							
Unabated Nuisances and Unremedied Defects	24651	3168	6461	2839	5038	4178	2967
Slaughter Houses	1175	253	202	212	236	159	113
Lodging Houses	462	—	261	—	201	—	—
Bakehouses	539	72	50	146	149	37	85
Cowsheds, Dairies and Milkshops ...	485	119	108	30	46	91	91
Factories and Workshops ...	584	144	167	15	49	58	151
New Buildings (drains of) ...	228	11	71	65	9	41	31
Special Complaints	470	142	270	23	34	—	1
Disinfections	714	106	94	91	81	183	159
Visits to Scavenging Depôts ...	1944	345	471	335	298	237	258
Letters written to abate Nuisances :							
By Inspector	2052	323	469	237	264	446	313
Referred to M.O.H.	369	16	166	37	36	31	83
Referred to Council	1524	195	379	187	64	550	149
New Buildings Certified	52	13	1	1	3	—	34
Drain connections :—							
No. of connections made ...	5	1	1	1	—	1	1
No. of Houses connected ...	22	13	1	1	2	1	4
No. of Houses connected to date ...	28227	5525	4383	4583	4328	5093	4315
No. of Houses unconnected to date	256	20	12	58	34	56	76
Scavenging—Fines inflicted :—							
Without Brush	—	—	—	—	—	—	—
Without Cover to Cart... ...	165/-	17/6	2/6	5/-	—	—	140/-
Failing to send out Cart ...	152/6	47/6	105/-	—	—	—	—
Neglecting Back Lanes ...	80/-	80/-	—	—	—	—	—
Neglecting to clear Ash-pit ...	45/-	35/	10/-	—	—	—	—
Scavenging after 1 p.m. ...	295/-	42/6	252/6	—	—	—	—
Depositing on unauthorised ground	60/-	42/6	5/-	12/6	—	—	—

TABLE 51.

Workshops and Workplaces in the Rhondda in each Inspector's District.

	1	2	3	4	5	6	Whole District.
Bakers ...	30	27	18	13	20	13	121
Barbers ...	18	21	22	14	20	12	107
Blacksmiths ...	3	2	3	4	2	2	16
Bootmakers ...	28	36	28	17	20	11	140
Bottling Stores ...	—	—	—	2	—	—	2
Carpenters ...	18	9	17	4	13	12	73
Clothes Repairers ...	—	1	1	—	—	—	2
Coach Builders ...	2	—	1	1	2	1	7
Cycle-repairers ...	1	2	2	2	8	1	16
Dressmakers ...	27	23	13	10	27	18	118
Dressmakers and Milliners (Comb.)...	2	4	—	5	5	1	17
Fried Fish Shops ...	36	18	27	23	27	19	150
Glaziers ...	4	2	2	2	1	1	12
Jewellers ...	6	5	5	4	7	6	33
Laundries ...	1	1	—	1	—	1	4
Milliners ...	15	16	11	5	12	16	75
Monumental Masons ...	3	—	1	2	1	2	9
Picture Framers ...	4	1	—	3	2	1	11
Plumbers ...	3	5	2	3	5	3	21
Printers ...	4	—	—	1	2	—	7
Quarries ...	9	12	2	10	6	2	41
Saddlers ...	1	1	1	2	3	1	9
Sweetmakers ...	2	3	—	—	6	—	5
Tailors ...	12	17	6	7	6	5	53
Tinmen ...	1	2	1	1	3	—	8
Wagon Repairers ...	—	—	—	—	—	1	1
Totals ...	230	208	163	136	192	129	1058

TABLE 52.

Premises requiring Periodical Inspection.

DISTRICT.	1	2	3	4	5	6	Whole District.
Bakehouses... ...	35	29	21	18	22	20	145
Cowsheds	9	10	2	8	6	5	40
Dairies and Milkshops ...	42	33	37	31	41	29	213
Lodging Houses ...	—	6	—	3	—	—	9
Slaughter Houses ...	6	5	7	3	2	2	25
Offensive Trades ...	—	1	1	—	—	—	2
Totals ...	92	84	68	63	71	56	434

Rhondda Urban District.

TABLE I.

Vital Statistics of Whole District during 1925 and previous years.

Year.	Population estimated to Middle of each year.	BIRTHS.			Total Deaths registered in the District		Transferable Deaths.		Net Deaths belonging to the District.			
			Net.						Under 1 year of age.		At all ages.	
		Uncorrected Number.	Number	Rate.	Number.	Rate.	Of Non-Residents registered in the District	Of Residents not registered in the District	Number	Rate per 1,000 net births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1920	165,271	5,046	...	30·5	2,129	12·9	27	135	526	104	2,237	13·5
1921	166,600	4,875	4,898	29·4	1,914	11·5	29	118	538	110	2,003	12·0
1922	167,500	4,053	4,103	24·5	1,942	11·6	26	157	333	81	2,073	12·4
1923	167,900	3,865	3,897	23·2	1,780	10·6	31	122	331	85	1,871	11·1
1924	167,900	3,970	3,970	23·6	1,778	10·6	28	130	317	80	1,880	11·2
1925	**167,570**	**3,650**	**3,709**	**22·1**	**1,922**	**11·5**	**45**	**137**	**355**	**96**	**2,014**	**12·0**

NOTES :—This table is arranged to show the gross births and deaths in the district and the births and deaths properly belonging to it with the corresponding rates. The corrected number of births is not available for the year 1920.

Rates in Columns 5, 7 and 13 are calculated per 1,000 of estimated population.

The deaths included in Column 6 are the whole of those registered during the year as having actually occurred within the district. The deaths included in Column 12 are the number in Column 6, corrected by the subtraction of the number in Column 8 and the addition of the number in Column 9. Deaths in Column 10 are similarly corrected by the subtraction of deaths under one included in the number given in Column 8 and by the addition of the deaths under one included in the number given in Column 9.

"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England and Wales, die in a district other than that in which they resided.

Area of District in acres (exclusive of area covered by water).	23,885

TABLE II. RHONDDA URBAN DISTRICT. Cases of Infectious Disease notified during the year 1925.

Notifiable Disease.	Cases Notified in the whole District.								Total Cases Notified in each Ward.											No. of Cases removed to the Hospital from each Ward										
		All Ages—Years.																												
	All Ages.	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11
Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup) ...	141	8	45	71	13	3	1	—	6	6	16	19	15	20	9	6	20	15	9	4	3	12	16	13	18	6	5	17	12	5
Erysipelas	47	—	2	1	4	20	19	1	2	2	7	9	3	6	3	6	2	3	4	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	554	4	243	272	23	12	—	—	24	47	38	7	32	42	5	80	126	42	111	14	28	16	6	21	34	12	52	110	35	89
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	9	—	3	5	—	1	—	—	—	—	—	2	5	2	—	—	—	—	—	—	—	—	2	5	2	—	—	—	—	—
Relapsing Fever... ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever... ...	16	—	—	—	10	5	1	—	1	1	—	1	1	2	1	—	1	4	4	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	5	1	4	—	—	—	—	—	2	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	73	73	—	—	—	—	—	—	12	3	3	8	4	5	11	5	4	7	11	—	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis ...	186	1	9	29	70	51	23	3	24	25	9	16	29	9	13	18	15	14	14	—	—	—	—	—	—	—	—	—	—	—
Other forms of Tuberculosis	98	3	18	37	16	18	6	—	13	6	3	4	11	9	11	8	10	7	16	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis Lethargica	2	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Primary Pneumonia ...	423	87	173	60	31	38	28	6	20	12	21	44	20	22	29	107	57	40	51	—	—	—	—	—	—	—	—	—	—	—
Acute Influenzal Pneumonia	22	—	3	2	2	7	6	2	1	2	—	—	2	—	3	1	3	8	2	—	—	—	—	—	—	—	—	—	—	—
Malaria	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	2	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Trench Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	1580	177	500	479	169	159	84	12	105	105	98	111	122	119	85	232	241	140	222	18	31	29	24	39	54	18	57	127	47	94

The localities (Wards) adopted for this Table are the same as those in Table III.

Isolation Hospitals (provided by the Urban District Council):—

1. Tyntyla Isolation Hospital (Ward 4)
2. Penrhys Isolation Hospital (Ward 10)

} Total available beds: 100

Number of Diseases that can be concurrently treated } 5

TABLE III.—Causes of, and Ages at, Death during the Year 1925.

CAUSES OF DEATH.		Deaths in or belonging to the whole District at subjoined ages.									Deaths in or belonging to Wards (at all ages).											Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District
		All Ages	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Ward 9	Ward 10	Ward 11	
Cols.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
All Causes	Certified	2012	355	139	114	76	116	257	469	486	190	237	147	142	198	168	194	214	138	159	225	143
	Uncertified	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	1	—
1.	Enteric Fever	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
2.	Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Measles...	92	26	33	29	4	—	—	—	—	6	14	8	7	7	12	7	11	4	8	8	—
4.	Scarlet Fever	6	—	—	3	3	—	—	—	—	—	2	—	—	—	1	—	2	—	1	—	4
5.	Whooping Cough	43	16	17	9	1	—	—	—	—	7	2	4	1	3	1	1	6	1	3	14	—
6.	Diphtheria and Croup	9	2	2	5	—	—	—	—	—	—	—	1	2	—	3	1	—	1	1	—	2
7.	Influenza	45	1	—	—	2	5	12	13	12	4	3	2	—	6	3	4	3	6	6	8	—
8.	Erysipelas	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	1	—
9.	Tuberculosis of Respiratory System ...	133	—	3	2	9	41	57	20	1	13	26	14	9	16	9	8	14	12	7	5	8
10.	Tuberculous Meningitis	15	2	—	4	5	—	4	—	—	2	2	2	1	1	1	—	1	3	1	1	1
11.	Other Tuberculous Diseases ...	16	1	—	2	4	1	4	3	1	1	3	—	1	2	1	—	1	2	1	4	1
12.	Cancer, Malignant Disease ...	113	—	—	1	—	1	12	59	40	7	15	8	8	9	10	13	8	7	9	19	21
13.	Rheumatic Fever	11	—	—	1	3	4	3	—	—	1	1	1	1	1	—	—	—	2	2	2	1
14.	Meningitis	10	1	2	—	5	—	1	1	—	—	—	2	2	2	—	—	2	—	1	1	1
15.	Organic Heart Disease	220	1	2	1	6	8	25	80	97	17	38	18	14	28	21	23	25	13	9	14	21
16.	Bronchitis	225	26	10	10	3	1	8	64	103	15	28	17	13	27	15	30	26	11	28	15	1
17.	Pneumonia	138	38	33	15	5	4	17	20	6	14	11	11	20	7	8	15	17	6	11	18	3

TABLE III.—*continued.*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
18. Other Diseases of the Respiratory Organs)	25	2	1	—	1	3	4	8	6	1	2	1	3	2	5	1	5	3	—	2	2
19. Diarrhœa and Enteritis (under 2 years	53	38	15	—	—	—	—	—	—	6	7	2	2	5	9	10	5	1	3	3	—
20. Appendicitis and Typhlitis ...	18	—	—	1	3	3	4	6	1	1	2	—	2	1	2	2	—	4	2	2	9
21. Cirrhosis of Liver	4	—	—	—	—	—	—	2	2	1	1	—	—	—	1	—	—	—	—	1	—
21a. Alcoholism	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
22. Nephritis and Bright's Disease ...	46	—	—	1	1	8	9	12	15	6	7	2	1	4	2	3	10	3	5	3	5
23. Puerperal Fever	5	—	—	—	—	1	4	—	—	1	—	—	—	1	—	—	—	—	—	3	1
24. Other Accidents and Diseases of Pregnancy and Parturition	14	—	—	—	—	3	11	—	—	1	3	—	—	—	5	2	—	1	—	2	1
25. Congenital Debility and Malformation including Premature Birth ...	128	127	1	—	—	—	—	—	—	16	16	4	10	13	7	12	12	7	12	19	—
26. Violent Deaths, excluding Suicide ...	98	4	2	12	8	17	29	24	2	10	6	9	4	11	5	8	16	10	8	11	15
27. Suicide	6	—	—	—	—	—	3	2	1	—	—	1	—	2	1	1	1	—	—	—	—
28. Other Defined Diseases	533	70	18	17	13	16	49	151	199	59	47	40	41	49	45	53	48	41	41	69	45
29. Diseases ill-defined or unknown ...	4	—	—	—	—	—	—	3	1	2	1	—	—	—	1	—	—	—	—	—	—
Rhondda	**2014**	**355**	**139**	**114**	**76**	**116**	**257**	**470**	**487**	**191**	**237**	**147**	**142**	**198**	**168**	**194**	**214**	**138**	**159**	**226**	**143**
Sub-entries included in above figures.																					
11 (a) Tabes Mesenterica	2	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—
(b) General Tuberculosis	2	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	—	—	—
14 Cerebro-spinal Fever	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
17 (a) Lobar Pneumonia	26	1	—	1	—	1	12	8	3	1	1	2	2	1	—	2	4	2	2	9	—
(b) Lobular Pneumonia	71	28	26	8	1	1	—	7	—	8	7	5	10	4	5	9	11	3	5	4	3
19 (a) Diarrhœa (under 2 years) ...	16	13	3	—	—	—	—	—	—	4	—	—	—	2	1	5	3	—	1	—	—
(b) Enteritis (under 2 years)	37	25	12	—	—	—	—	—	—	2	7	2	2	3	8	5	2	1	2	3	—
25 (a) Congenital Malformations ...	21	21	—	—	—	—	—	—	—	4	1	2	—	1	2	4	1	1	1	4	—
(b) Premature Birth	51	51	—	—	—	—	—	—	—	6	6	1	4	6	4	6	5	4	3	6	—
(c) Atrophy, Debility and Marasmus ...	56	55	1	—	—	—	—	—	—	6	9	1	6	6	1	2	6	2	8	9	—
26 (a) Burns (including Scalds) ...	8	1	1	5	—	—	1	—	—	1	1	—	—	2	—	—	3	—	—	1	2

TABLE III.—*continued.*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
28 Venereal Diseases	3	3	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—
Otitis Media	5	1	—	1	1	1	—	1	—	—	—	—	—	—	1	—	—	1	1	2	1
Other Septic Diseases	10	1	—	1	—	1	2	4	1	1	3	—	—	—	1	1	—	—	1	3	1
Diabetes	8	—	—	—	—	—	1	6	1	—	—	1	1	1	2	—	—	1	1	1	2
Exophthalmic Goitre	3	—	—	—	—	1	—	2	—	—	2	—	—	—	—	—	—	—	—	1	—
Rickets	2	—	1	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Pernicious Anæmia	21	—	1	—	—	2	4	10	4	1	2	2	2	5	—	2	2	2	2	1	—
General Paralysis of the Insane	8	—	—	—	—	—	6	2	—	—	1	1	—	2	—	1	—	2	1	—	—
Epilepsy	10	1	—	—	—	—	4	4	1	1	—	—	1	2	1	1	4	—	—	—	—
Convulsions	61	48	11	2	—	—	—	—	—	10	1	2	5	10	8	5	7	2	7	4	—
Cerebral Tumor	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—
Locomotor Ataxy	5	—	—	—	—	—	2	2	1	—	—	—	1	—	1	—	—	2	—	1	1
Other Diseases of the Nervous System	11	—	—	—	1	1	2	2	5	3	—	1	—	1	1	1	2	—	—	2	1
Arterial Sclerosis	23	—	—	—	—	—	1	6	16	3	2	2	2	1	2	4	1	4	1	1	1
Angina Pectoris	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—
Aneurysm	7	—	—	—	—	—	—	6	1	3	—	—	—	—	1	1	—	1	—	1	—
Cerebral Hæmorrhage	107	1	—	—	—	—	3	41	62	13	7	6	3	13	8	12	10	9	13	13	5
Embolism and Thrombosis	18	—	—	—	—	—	1	9	8	—	5	3	3	1	2	1	1	1	—	1	—
Gastric and Duodenal Ulcer	10	—	—	—	1	3	2	2	2	—	—	—	2	—	2	1	1	1	1	2	1
Intestinal Obstruction	8	—	—	—	1	1	1	4	1	—	1	—	2	1	1	—	1	1	—	1	3
Strangulated Hernia	9	—	—	—	—	—	2	4	3	—	3	—	2	—	—	1	—	—	1	2	3
Gall Stones	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1
Acute Peritonitis	5	—	—	—	2	—	—	2	1	—	—	1	—	—	1	—	1	—	2	—	1
Atelectasis	6	6	—	—	—	—	—	—	—	1	3	—	—	—	1	1	—	—	—	—	—
Diarrhœa (over 2 years)	4	—	—	3	1	—	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—
Enteritis (over 2 years)	18	—	—	8	—	—	4	1	5	—	5	2	1	2	1	1	—	1	—	5	1
Gastritis	16	2	—	—	—	—	2	6	6	2	2	3	1	—	—	—	2	1	1	4	—
Old Age	61	—	—	—	—	—	—	1	60	11	4	4	6	3	3	14	3	2	2	9	8

TABLE M. 13 (Ministry of Health).

Causes of Death in Rhondda Urban District during 1925.

	Cause of Death.	Males.	Females.
	ALL CAUSES (Civilians only)	1122	898
1	Enteric Fever	1	—
2	Small-pox	—	—
3	Measles	55	38
4	Scarlet Fever	4	2
5	Whooping Cough	19	22
6	Diphtheria	7	3
7	Influenza	23	23
8	Encephalitis lethargica	—	—
9	Meningococcal meningitis	1	2
10	Tuberculosis of respiratory system	60	74
11	Other tuberculous diseases	15	15
12	Cancer, malignant disease	54	64
13	Rheumatic fever	5	6
14	Diabetes	3	6
15	Cerebral hæmorrhage, &c.	62	57
16	Heart disease	135	111
17	Arterio-sclerosis	18	9
18	Bronchitis	142	88
19	Pneumonia (all forms)	89	58
20	Other respiratory diseases	12	8
21	Ulcer of stomach or duodenum	8	3
22	Diarrhœa &c. (under 2 years)	24	28
23	Appendicitis and typhlitis	10	9
24	Cirrhosis of liver	4	—
25	Acute and chronic nephritis	17	28
26	Puerperal sepsis	—	5
27	Other accidents and diseases of pregnancy and parturition	—	14
28	Congenital debility and malformation, premature birth	69	47
29	Suicide	5	1
30	Other deaths from violence	79	16
31	Other defined diseases	197	161
32	Causes ill-defined or unknown	4	—
	Special Causes (included above)		
	Poliomyelitis	—	—
	Polio-encephalitis	—	—
	Deaths of Infants under 1 year — Total	199	156
	Deaths of Infants under 1 year — Illegitimate	9	14
	TOTAL BIRTHS	1873	1836
	Legitimate	1826	1778
	Illegitimate	47	58
	POPULATION	167,570	

GENERAL REGISTER OFFICE,
SOMERSET HOUSE, LONDON, W.C. 2.

March, 1926.

TABLE IV.—Rhondda Urban District. Infantile Mortality, 1925. Net Deaths from stated causes at various ages under one year of age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under one Year.
1		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ALL CAUSES	Certified	92	22	14	9	137	40	17	19	15	13	15	16	20	17	25	21	355
	Uncertified ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-pox		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles		—	—	—	1	1	1	—	—	1	1	2	2	2	3	6	7	26
Scarlet Fever		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough		—	—	—	—	—	—	2	1	—	3	—	3	—	3	2	2	16
Diphtheria and Croup		—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2
Influenza		—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Erysipelas		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Phthisis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Abdominal Tuberculosis		—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Other Tuberculous Diseases ...		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous) ...		—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Convulsions		6	5	4	3	18	11	—	4	—	2	1	1	2	3	5	1	48
Laryngitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis		—	—	—	1	1	4	4	1	2	1	1	2	5	2	—	3	26

TABLE IV.—*continued.*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Pneumonia (all forms)	—	—	—	—	—	4	1	4	4	—	3	2	6	3	7	4	38
Diarrhœa	—	1	—	—	1	3	—	3	—	2	1	1	1	—	—	1	13
Enteritis	—	1	—	—	1	3	1	4	6	3	1	3	1	—	2	—	25
Gastritis	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2
Syphilis	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	3
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Injury at Birth	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
Atelectasis	6	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	6
Congenital Malformations	11	5	2	—	18	1	—	—	—	—	—	—	1	1	—	—	21
Premature Birth	40	4	2	—	46	5	—	—	—	—	—	—	—	—	—	—	51
Atrophy, Debility and Marasmus ...	25	5	5	2	37	6	6	—	1	—	3	—	—	—	—	2	55
Other Causes	2	1	—	2	5	1	1	—	—	1	2	2	1	1	—	1	15
Totals ...	92	22	14	9	137	40	17	19	15	13	15	16	20	17	25	21	3 55

Net Births in the Year	Legitimate ...	3,604
	Illegitimate ...	105

Net Deaths in the Year of	Legitimate Infants ...	333
	Illegitimate Infants ...	22

THE ANNUAL
REPORT
OF
The School Medical Officer
TO THE
Rhondda Education Authority
FOR THE YEAR 1925.

TREHERBERT:
I. JONES, PRINTER AND BOOKBINDER, STATIONERS' HALL.

Rhondda Urban District Council.

Members of the Rhondda Education Committee.

Councillor THOMAS OWEN (Chairman).
,, RHYS MORGAN REES.
,, GWILYM LLOYD.
,, DAN DAVIES, J.P.
,, WILLIAM PHILLIP THOMAS, J.P.
,, GEORGE NEWMAN.
,, JOHN MINTON, J.P.
,, WILLIAM DAVID MORGAN.
,, (Mrs.) ANNIE PRICE.
,, SAMUEL HEDDITCH.
,, JAMES JAMES, J.P.
,, WILLIAM EVANS THOMAS, M.D., J.P.
,, (Mrs.) ELIZA WILLIAMS.
,, EVAN JOSHUA RODERICK.
,, WILLIAM SAMUEL LANE, J.P.
,, THOMAS WILLIAMS (3 months).
,, OWEN JAMES BUCKLEY (9 months)
,, THOMAS R. DAVIES.
,, MARK HARCOMBE.
,, GWILYM ROWLANDS, J.P.
,, EDGAR MORGAN.
,, ALFRED JONES.
,, THOMAS GRIFFITHS, J.P. (3 months).

Councillor John Morgan (9 months).
,, Benjamin Davies, J.P.
,, John Talwrn Jones.
,, John Davies (7 months).
,, John Kane, J.P.
, John Hughes, J.P.
,, Morgan Benjamin.
,, Thomas Rees.
,, William Wells.
,, Llewelyn Jones.
,, Daniel Evans.
,, Thomas Bryn Thomas.
,, Abel Jacob, J.P.
,, Henry Edward Maltby.

Clerk to the Committee : Sir Walter Nicholas.
Director of Education : T. W. Berry.
Deputy Director of Education : R. R. Williams.
Architect : Jacob Rees.
School Medical Officer : J. D. Jenkins.
Deputy School Medical Officer : D. J. Thomas.
Assistant School Medical Officers :—
D. R. Gilder.
Caroline J. Maclennan (for portion of year)
W. Jones.
Ophthalmic Surgeon (part time) : J. W. Glenton Myler.
School Dental Surgeon : Bessie H. Poole.
Medical Inspection Clerks : Annie M. Evans.
Idris Howells.

School Nurses :

Elizabeth Hughes ... No. 3 District

Sophy Williams	No. 5 District
Edith M. Watkins	No. 2 District
Mabel M. Bond	No. 9 District
Madeleine John	No. 6 District
Elizabeth Israel	
Edith Violet Gibson	No. 1 District
Evelyn Lillis Winn	No. 7 District
Muriel Smith	No. 8 District
Sarah Louisa Howells	No. 4 District
Lily May Stone	No. 11 District

For portion of year :—

Beatrice M. Lewis	No. 10 District
Edith Stephens	
Myfanwy Buckley	No. 10 District

Rhondda Urban District Council.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

As your School Medical Officer I beg to submit for your consideration my annual report for the year ended December 31st, 1925.

The year has been one of retarded progress, every proposal to provide additional means designed to prevent or to treat forms of ill-health or disabilities in school children being over-ruled by the necessity to economise imposed upon the local education authority owing to the stagnation characterizing trade in general and the coal industry in particular. The limitation most to be regretted was the postponement of the provision of facilities for the treatment of the minor ailments of children. The delay however may not prove to be a source of unmixed regret as the possession and use of the Carnegie Welfare Centre now being erected will enable the authority to gauge more accurately the extent of the need for supplementary centres throughout the district and will minimise the danger of providing facilities which may prove redundant or misplaced. The Carnegie Centre will naturally serve as the pivot around which the activities affecting the school medical service will revolve, and by its use to disclose the nature and extent of the directions in which its reinforcement will be made apparent. In any event it is hoped and expected that not the least important of the benefits to be conferred by the use of this Centre will be a fuller appreciation and application of the measures best adapted to prevent the occurrence or recurrence and ill results of some of the ills which will be treated within its walls.

Yours faithfully,

J. D. Jenkins

School Medical Officer.

The Council Offices,
Pentre, Rhondda.

Rhondda Urban District Council.

GENERAL INFORMATION.

The number of schools and departments controlled by the Rhondda Local Education Authority during 1925 remained unchanged at 42 and 102 respectively. The number of children on the school registers was 34,287, and although the total number of school places provided exceeded this number by 436, it was found necessary to make temporary provision for 2,460 children in vestries or other available buildings owing to the inconvenient distribution of the unfilled places at the schools in relation to the homes of the children to be accommodated. Such buildings are generally less suitable than the schools for educational purposes, the arrangements for ventilation, heating, lighting, and recreation being usually inferior to those provided at the schools.

1. ADMINISTRATION AND STAFF.

As in previous years, co-ordination between the different sections of the public health service has been well maintained.

Dr. Caroline J. Maclennan, one of the assistant school medical officers, resigned her post after five years' faithful and efficient service in the district and towards the end of the year Dr. Gwladys D. Davies was appointed to fill the vacancy. There was no other change in the *personnel* of the staff during the year.

Changes leading to the fusion of the departments of the Treasurer and of the Rate-Collector resulting in Tydfil House, Llewelyn Street, Pentre, becoming available the Council decided that it should be used for the accommodation of the Health Department, so that an early amelioration of the cramped conditions under which the department has been working for many years may be anticipated.

2. CO-ORDINATION.

Economy and efficiency of administration are promoted by the fusion into one unit of the health and school medical services throughout the area, many members of the staff being available for service in either section to meet the varying needs of the two services and the executive direction and control being vested in one person.

(a) *Infant and Child Welfare.*—In order to secure adequate supervision of the welfare of every child until it ceases to attend school, further facilities and means in the form of centres and staff are needed. Except indirectly through the medium of the nursing and expectant mothers attending the centres, the immediately pre-school period of life is at present subject to the influence of the Council's Welfare Scheme in a comparatively few instances which form too small a proportion of the whole to have any material effect upon the welfare of the child population generally.

(b) *Nursery Schools*—For the purpose of establishing a connecting link between the maternity and child welfare and the school medical services the provision of nursery schools would prove helpful in discovering early, and before the causation of much harm by, some of the disabilities which are common among school children and which result in ill-health and consequent reduction of the sufferers' capacity to benefit from the tuition given at the schools. On the other hand, the Rhondda is not a district where many mothers are themselves engaged in industrial pursuits, their service and influence being retained to the advantage of the home and the children. It can nevertheless be said that in a considerable number of instances the children would be benefited physically, mentally, and morally if given the opportunity to spend some hours each day at a nursery school and thus temporarily removed from the overcrowded conditions of the homes and subjected to a regulated discipline which, for various reasons, is not obtainable under present circumstances.

(c) *The care of debilitated children under school age.*—The detection of delicate children under school age is mainly dependent upon the information furnished by the health visitors as a result of their periodical visits to the homes. In the absence of other facilities for dealing adequately with them, they are usually referred to their medical attendant, the tuberculosis officer, the dentist, or, occasionally, the Society for the Prevention of Cruelty to Children, in accordance with the particular circumstances in each case. An increasing number of cases is, in the first instance, brought to the welfare centres where they are medically examined and their parents are given appropriate advice, and where indicated, milk is supplied for the children's consumption at cost or less than cost price in accordance with the Council's scheme for the provision of milk in necessitous cases.

3. HYGIENIC CONDITIONS OF THE SCHOOLS.

The repairs required at Ynyswen, Hafod, and to a less extent, at some of the other schools are still being held in abeyance pending an improvement in the local economic conditions. The heating arrangements compare unfavourably with those of the newer ones, the distribution of heat in the older schools being often so unequal that the children placed furthest away from the source of heat become cold and uncomfortable in the course of a session and consequently not in a condition to derive full benefit from the tuition given. The cloak-rooms are not infrequently ill-ventilated, insufficiently lighted, and not easy to maintain in a satisfactory state of cleanliness. Their situation in some schools renders their thorough ventilation difficult and in such instances the provision of drying-rooms as separate erections close to the schools or as annexes seems worthy of consideration as only thus is it possible to secure a rapid drying of clothes without the entry of noxious and offensive effluvia into the other portions of the schools.

4. SCOPE OF MEDICAL INSPECTION CARRIED OUT DURING THE YEAR 1925.

(a) The following groups of children were medically inspected during the year:—

(i.) the entrants, or those not previously examined since their admission into school;

(ii.) the intermediate group, consisting of those between 8 and 9 years of age;

(N.B.—On the instruction of the Board of Education the children of the intermediate group were drawn from those between 7 and 8 years of age between April and September);

(iii.) the leavers, or those who had reached the age of 12 years and had not previously been examined since attaining that age;

(iv.) the specials, consisting of all the children of other ages who, in the opinion of the medical inspectors, teachers, or parents required medical attention at the time of inspection; and

(v.) the tuberculosis contacts, consisting of those who were known or believed to have been closely associated with one or more cases of tuberculosis and who were not embraced by the code or special groups (i. to iv.)

(b) The Medical Inspection Schedule of the Board of Education has been closely adhered to, none of the items included in that schedule having been omitted.

(c) Physically defective children, like all others attending the elementary schools, fall within one or other of the groups enumerated under (a) above, and their disabilities are therefore unlikely to escape detection except in instances where the defects are of such severity or of such a nature as to preclude the children's attendance at school. With a substantial addition to our health visiting staff and with the co-operation of others such as school attendance officers it will be possible to discover many of these cases long before their admission to school and when the prospects of relief or cure will be much more favourable.

(d) The co-operation of the head teachers at the time of the medical inspection is always accorded but some amount of interference with the usual school arrangements is unavoidable owing to the lack of accommodation suitable for medical inspection purposes. In many instances the room available for medical inspection is adjacent to the play-ground and usually the interference arising from this arrangement is such as to necessitate the temporary suspension of that part of the work which is prejudicially affected by extraneous noise.

Provision is made in the administrative arrangements for obtaining credit for the attendance of children for medical treatment at one of the Authority's "approved places" (cf. 44(h) and (i.) of the code).

5. FINDINGS OF MEDICAL INSPECTION.

The number of individual children examined under the code and special groups during 1925 was 14,414. In addition the re-examination of 14,720 children was carried out during the same period in order to ascertain their condition in respect of defects discovered previously (cf. Table I. at end of report).

While Table IIA gives the number of defects discovered among the 14,414 children belonging to the code and special groups, table IIB indicates the number of individual children found in the course of the routine inspection to require treatment. It is apparent that the percentage of defective children as shown by Table IIB is greatest among those in the intermediate group, and least among the entrants, the respective proportions being 31·0 and 21·4 per cent. This table excludes all children with dental defects only.

The percentage proportion of 26·6 requiring treatment among the children drawn from the three code groups is about 6 per cent. higher than the corresponding number in England and Wales in the previous year but is a fraction lower than the Rhondda rate for that year.

(a) *Uncleanliness.*—The proportion of children found with unclean heads was 8·5 per cent., which is the same as that pertaining to the previous year, the state of uncleanliness being of minor degree in the large majority of cases. The improvement anticipated as a result of the prevailing practice of cutting short the hair of girls has not yet been realized. As contributory factors may be mentioned the overcrowded conditions of many of the homes, the relative poverty now prevailing in the district, and the inability to carry out systematic cleanliness surveys at the schools owing to the insufficiency of the staff nurses.

Nutrition, Clothing and Foootgear.--There was some increase in the proportion of children found with defective nutrition during 1925 as compared with the previous year, the percentage figures being 6·13 and 5·21 for 1925 and 1924 respectively It was also noticed that malnutrition was more prevalent in Wards 5, 6, and 7 in comparison with the rest of the urban district, owing doubtless to the unemployment in the smaller area arising from the closure of the local colliery. With the resumption of work at the Clydach Vale Colliery it is expected that the children will benefit equally with the rest of the community. On the contrary, the improvement in the state of the children's clothing noticed in the two previous years was maintained in spite of the prevailing poverty in the district, the proportion of the inadequately-clad being 1·86 per cent. for clothing and 1·77 per cent. for foot-gear, the corresponding figures in 1924 being 2·74 and 2·70.

The following table gives, for the last five years, the percentage proportions of children showing evidence of defective nutrition and possessed of inadequate or insufficient clothing or footgear at the time of examination :—

	1921	1922	1923	1924	1925
Subnormal Nutrition	2·63	4·72	5·17	5·21	6·13
Inadequate or Unsuitable Clothing ...	4·44	4·60	3·56	2·74	1·86
Defective Footgear	4·46	4·90	3·23	2·70	1·77

(b) *Minor Ailments.*—This term embraces superficial wounds, various skin diseases, discharging ears, burns, scalds, sores, and external affections of the eyes. The total number of ailments found among the children examined and referred for treatment amounted to 431 during the year, although the accumulation of uncured cases from previous years called for the treatment of 842 cases. It is expected that the establishment of clinics in the district for the purpose of treatment will lead to the more rapid cure of many of these cases with consequent reduction of the loss of school attendance and of the temporary disability and discomfort of the children thus affected throughout the area.

(c) *Tonsils and Adenoids.*—A slight increase is to be noted in the proportion of children found to be suffering from enlarged tonsils (one or both) without any accompanying adenoidal growths; compared with the previous year the proportion has risen from 4·6 to 4·9 per cent. On the contrary the proportion of those found with adenoidal growths with or without any accompanying tonsillar enlargements has fallen from 1·1 to 0.77 per cent.

The practice of referring all such children to their own medical attendants without any expression of opinion on the part of the examining medical inspector as to any particular mode of treatment has been adhered to, but the disadvantages resulting from lack of uniformity in the methods of treatment become obvious when the referred children are re-examined at a later date.

Although all the cases of tonsillar enlargements do not necessarily require operative treatment, it is essential to differentiate the septic and unhealthy tonsils from the merely hypertrophied ones. Those belonging to the former group more usually require early and skilled attention by the operative measure of total enucleation in preference to the partial removal resorted to at present in a considerable proportion of the cases. It is expected that the erection of the new Carnegie Welfare Centre will render possible a more adequate and thorough treatment of this class of defective school child.

(d) *Tuberculosis.*—The number of children found to be suffering from pulmonary tuberculosis and diagnosed as such for the first time amounted to 11, while 16 other non-pulmonary cases were discovered during the same period. The percentage proportion for the two classes combined was 0·18 per cent. of the children examined. In addition, 57 other children were temporarily placed in the category of doubtful cases; these are re-examined at suitable intervals either at the school or at the clinic until the nature of the ailment is definitely diagnosed.

Two out of the eleven definite cases were discovered among the tuberculosis contacts, *i.e.* children known to be closely associated with notified cases of this disease, whilst 8 children amongst the same group were referred for further examination at a later period.

The following table provides information in tabular form regarding the categories from which the contacts were drawn:—

TABLE SHOWING THE RESULTS OF THE EXAMINATION OF TUBERCULOSIS CONTACTS.

Result of Examination.	Sex.	Totals.	Among the Entrants	Among the Intermediates.	Among the Leavers.	Among the remaining Children selected.
Positive ...	Boys ...	2	2	—	—	—
	Girls ...	—	—	—	—	—
Doubtful ...	Boys ...	3	—	—	—	3
	Girls ...	5	1	1	—	3
Negative ...	Boys ...	74	15	21	12	26
	Girls ...	122	16	39	24	43
Totals ...	Boys ...	79	17	21	12	29
	Girls ...	127	17	40	24	46
Grand Totals ...		206	34	61	36	75

(e) *Skin Disease.*—The commoner skin troubles such as ringworm of the scalp, scabies, and impetigo are as usual included under this heading. Only a slight difference in their incidence upon the children in the code groups is noticeable, the figures for 1925 being respectively 24, 8, and 66 as compared with 24, 7, and 80 for the previous year.

Loss of school attendance occasioned by the exclusion from school of children suffering from these complaints is usually considerable owing to the prolonged treatment required before recovery is complete. Overcrowding at the homes combined with haphazard methods of applying the remedies usually recommended are the principal causes of this chronicity.

(f) *External Eye Disease.*—The proportion of children in the code groups found with various forms of external eye diseases such as blepharitis and conjunctivitis was 0·61 per cent. as compared with 0·42 per cent. for the previous year; this slight increase nevertheless compares favourably with the average of 0·79 per cent. for the four years 1922-1925. Blepharitis, the most common of the external affections of the eye, is not infrequently associated with unfavourable home conditions such over-crowding and general uncleanliness.

(g) *Defective Vision and Squint.*—The improvement in the eyesight of school children referred to in previous reports has been more than maintained during the year under review. The number with defective eye-sight ($\frac{6}{12}$ or worse), with or without squint, was 1,326 among the children in the code groups, the resulting proportion being 10·5 per cent. of those examined, as compared with 11·2 and 13·07 per cent. in 1924 and 1923 respectively. If the instances of this defect found in the Special group of children be added to those in the code groups, the total number amounts to 1,684, equivalent to 11·6 per cent. of the aggregate number examined. As mentioned in other years causative or aggravating factors such as over-shadowing of the class-rooms by natural obstructions or by other buildings are not infrequently present but, whenever it is advantageous to do so, a re-arrangement of the seats in relation to the position of the windows is always advised.

(h) *Ear Disease and Hearing.*—The proportion of 0·68 per cent. of school children found to be suffering from discharging ears has remained practically unchanged and does not differ materially from the 0·69 per cent. pertaining to the previous year. More or less chronicity in some of these cases is perhaps unavoidable, but better results could be obtained for the children thus suffering by a more persevering and intelligent application of the treatment which is available and which is usually advised. Defective hearing is co-existent with ear discharge in a considerable proportion of cases but apart from the latter condition, a chronic catarrh of the naso-pharyngeal passages, especially when accompanied by adenoids, is a fruitful source of deafness which, in the absence of adequate and efficient treatment, tends to increase and to result in a serious reduction in the educational attainments of the sufferers.

(i) *Dental Defects.*—The unsatisfactory state of the children's teeth, demonstrated in previous reports as existing to an exceptional degree in the district, has not shown any material improvement. The proportion of children found on medical inspection with four or more carious teeth has apparently increased from 17·4 per cent. in 1924 to 20·1 per cent. in 1925. Of the 3,221 children inspected by the school dentist, 3,130, or 97·1 per cent required some form of treatment, defects of all kinds and degrees being included. This number includes 1,544 among the special group and 1,186 among those re-examined after previous treatment, the remainder comprising children taken from those between 5 and 8 years of age. All except four of the children inspected as specials required attention and 95·8 per cent. of those re-examined showed dental defects requiring treatment or re-treatment.

To create an interest in the preservation of the teeth among children and their parents is a most laudable aim and likely to prove one of the most effective means of attaining the desired result. Although the medical inspecting staff and the dentist may avail themselves of every opportunity to enlighten the parents and the older children on this point, it is felt that only the concerted action of all coming into close association with the parents or children, including the teachers at the schools and the school nurses at the homes and schools, can produce an appreciable result in stemming the amount of premature dental decay of which such a large proportion of our school children shows evidence Owing to the inadequacy of the available staff in relation to the number of children requiring attention it is not possible at present to give systematic instruction designed to reduce the effect of the influences responsible for the existing conditions.

(j) *Crippling Defects.*—This term is used to include such a variety of conditions as pulmonary and surgical tuberculosis, congenital and acquired forms of paralysis, deformities due to rickets or injury, cases of serious heart disease, and "very delicate" children in whom no causal disease can be discovered.

The total number of exceptional children in the area known to the local education authority is 716, or 20·7 per 1,000 of the school children, whereas the average proportion for England and Wales is 29·4 per 1,000. This difference implies that the means of ascertainment at present available in this district are inadequate, Of the 716 exceptional children, 496, or 14·4 per 1,000, are classified as suffering from crippling defects, as compared with 11 per 1,000 in the previous year.

Much remains to be done in the direction of providing additional means of dealing with the various types of cripples, the facilities for this purpose being generally very insufficient and in urgent need of extension and augmentation.

HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

The appended table has been inserted to enable a comparison to be made between the physique of the Rhondda children and that of children of corresponding ages in other parts of the country, the data regarding the latter having been derived from the report of the Anthropometric Committee of the British Association. On the suggestion of the Board of Education, investigations on uniform lines are being made at the present time throughout the country generally and the data thus being obtained will doubtless be collated in due course for purposes of comparison.

TABLE of Heights, Weights and Chest Measurements of Children medically examined during 1925.

Age in Years.	Sex.	Number of Children		Heights (English in inches, Metric in centimetres).		Weights (English in lbs. Metric in kilograms).		Chest Measurements (Inches and Centimetres).
				Average.		Average.		Average.
				Rhondda	Great Britain.	Rhondda	Great Britain.	Rhondda.
3 to 4	Boys	340	English	37·73		33·36		20·64
			Metric	95·84		15·13		52·43
	Girls	294	English	37·47		32·23		
			Metric	95·17		14·62		
4 to 5	Boys	1196	English	39·00		35·21		20·63
			Metric	99·06		15·97		52·41
	Girls	1193	English	38·81		34·61		
			Metric	98·57		15·70		
5 to 6	Boys	700	English	40·83	41·03	38·21	39·9	20·72
			Metric	103·70	104·25	17·33	18·1	52·62
	Girls	689	English	39·77	40·55	36·40	39·2	
			Metric	101·01	103·00	16·51	17·8	
6 to 7	Boys	124	English	42·58	44·00	41·98	44·4	22·04
			Metric	108·16	111·75	19·04	20·2	55·97
	Girls	120	English	42·31	42·88	40·70	41·7	
			Metric	107·47	109·00	18·46	18·9	
7 to 8	Boys	744	English	46·05	45·97	47·53	49·7	22·49
			Metric	116·96	116·76	21·56	22·56	57·13
	Girls	607	English	45·45	44·45	48·46	47·5	
			Metric	115·45	112·90	21·98	21·56	
8 to 9	Boys	1611	English	47·05	47·05	50·22	54·9	23·04
			Metric	119·50	119·5	22·78	24·92	58·53
	Girls	1496	English	46·48	46·6	49·12	52·1	
			Metric	118·07	118·36	22·28	23·65	
9 to 10	Boys	17	English	48·67	49·67	53·62	60·4	24·15
			Metric	123·61	126·24	24·32	27·42	61·35
	Girls	31	English	48·30	48·73	55·18	55·5	
			Metric	122·67	123·77	25·03	25·2	
10 to 11	Boys	2	English	51·57	51·84	62·28	67·5	24·80
			Metric	131·00	131·67	28·25	30·64	63·00
	Girls	2	English	47·44	51·05	52·91	62·00	
			Metric	120·5	129·67	24·00	28·15	
11 to 12	Boys	1	English	50·00	53·1	57·32	68·1	
			Metric	127·00	135·00	26·00	30·9	
12 to 13	Boys	1468	English	52·45	54·99	71·34	76·7	25·03
			Metric	133·23	139·75	32·36	34·8	63·58
	Girls	1609	English	53·87	55·66	72·99	76·4	
			Metric	136·83	141·25	33·11	34·6	
13 to 14	Boys	146	English	55·54	56·91	81·55	82·6	26·89
			Metric	141·08	144·75	36·99	37·5	68·31
	Girls	113	English	56·67	57·77	81·79	87·2	
			Metric	143·94	146·5	37·10	39·5	
14 to 15	Boys	6	English	57·74		89·68		28·23
			Metric	146·66		40·68		71·71
	Girls	2	English	58·03		92·04		
			Metric	147·40		41·75		

6. INFECTIOUS DISEASE.

The methods of controlling infectious disease among school children have not been materially altered. When doubtful cases come under the observation or are brought to the notice of the medical inspectors the children are in many instances excluded from school for a limited and specified period and are not re-admitted without a certificate from the school medical officer. There did not occur during the year any out-break of infectious disease whose control was considered to require or to justify the temporary closure of one or more schools. Considerable loss of school attendance annually occurs, especially in the infants departments, owing to whooping cough, measles, chicken-pox, and mumps and, when considered advisable or necessary, a general survey is made of all the scholars attending particular classes with a view to discovering newly-attacked or missed cases.

7. FOLLOWING UP.

Consequent upon the inadequacy of the amount of time which the school nurses,—also acting as health visitors,—can devote to the school medical service, the following up of defective children has unavoidably been too perfunctory to be effective. Even the lesser proportion of their time that they are expected to give to this service is apt to be encroached upon owing to the more urgent nature of the claims upon them as health visitors. The only remedy is to increase their number to an extent commensurate with the scope and multiplicity of their duties. The local authority has realized the necessity to adopt this course but delay in doing so has been caused by the unfavourable economic conditions that have prevailed for some time in the area. The present inadequacy of the staff is to the serious detriment of the work of medical inspection of school children for only a very limited use can be made of the valuable information thus obtained regarding the needs of individual children and the value of the benefits that should accrue from this knowledge is much reduced.

During the year under review, the school nurses were in attendance at the routine school inspections on 437 occasions, paid 287 extra visits to the school for other purposes, visited the children's homes on 5,956 occasions, and attended the clinic during 122 sessions, the total being in each instance the aggregate for the eleven nurses thus engaged.

8. MEDICAL TREATMENT.

(a) *Minor Ailments.*—During the year under review 842 instances of minor ailments received treatment, this total including 396 cases discovered by the medical staff within this period. Under present arrangements and in the absence of special facilities for treatment at clinics established by the local education authority it is inevitable that much variation exists in the forms of treatment adopted, in the persistence with which any special treatment is applied, and in the nature and degree of permanence of the results. It is expected that in no direction will the use of the Carnegie Welfare Centre now building prove a greater boon than in dealing with this category of defective school child.

(b) *Tonsils and Adenoids.*—It was found that out of the 2,290 children with nose and throat defects re-examined during the year, only 266 had received treatment; of these 111, or 4·8 per cent. of those re-examined underwent operative treatment, while in 155, or 6·7 per cent., ameliorative measures were resorted to. Instances of children suffering from recurring attacks of tonsilitis are not infrequently met with in whom it is believed the removal of the tonsils by appropriate means should be resorted to in the interests of the children's general health but owing to want of facilities within reach of the parents this remedy cannot be applied. Ameliorative treatment in such cases does not serve to prevent serious loss of school attendance, physical suffering to the child, anxiety to the parents, and a greater liability to the onset of other and more serious diseases to which this condition tends.

(c) *Tuberculosis*—While the treatment of cases of tuberculosis is undertaken by the general practitioners and the tuberculosis officers engaged by the Welsh National Memorial Association, factors mainly concerned with prevention such as home conditions, observation of contacts, milk supplies, disinfection of clothing and premises, and general advice bearing upon the personal hygiene of the sufferer receive the active interest and attention of the local authority.

(d) *Skin Disease.*—During the year 191 cases suffering from some form of skin affection were referred to their medical attendants for treatment and, in addition to 72 cases similarly referred in previous years, received attention to the extent to which the facilities available permitted.

(e) *External Eye Disease.*—Although the majority of the 104 children with external disease of the eye discovered at the medical examinations during the year were not exposed to any serious risk in consequence of these defects they nevertheless experienced some discomfort and loss of school attendance and probably a considerably larger number than the 63, or 60·5 per cent. who actually received treatment would have benefited from appropriate attention if the education authority were in a position to offer to the parents the opportunity to have the ailments dealt with at treatment clinics belonging to the authority.

(f) *Vision.*—Of the 1,684 cases of defective eye-sight and squint discovered during the year's examinations, 1,052, or 62·4 per cent., were submitted to refraction, all except 17 of them being dealt with at the Council's Clinic at Ynyshir. In 949 instances, or 90·2 per cent. of those upon whom refraction was carried out, appropriate spectacles were prescribed, but in only 555, or 58·4 per cent. were the prescribed glasses provided. Under the authority's approved scheme the spectacles were supplied gratuitously in 240 instances after fitting inquiries had been made as to their necessitousness. Undue delay in the provision of glasses to some of these children is doubtless attributable to lack of appreciation on the part of the parents of the importance of preventing or reducing the eye-strain and its consequences to which persons with defective vision are subject but in a few instances such delay is due to a remissness approaching negligence in its culpability. The more thorough following up which an adequate staff of school nurses would render possible would serve to reduce the number in both these categories very considerably.

It is not practicable with the present means available to carry out a systematic survey and re-examination of all cases of defective vision previously dealt with. Owing to the constant changes taking place in the eyes with consequent alterations in the delicate mechanism of this organ, such an investigation, repeated at intervals during the school-life of the child suffering from defective vision, is highly desirable. The performance of retinoscopy for the detection of errors of refraction is entrusted to Dr. J. W. Glenton Myler, who acts as part-time ophthalmologist to the Council, together with Dr. D. R. Gilder, one of the authority's whole-time assistant school medical officers.

(g) *Ear Disease and Hearing.*—Of the 102 cases of discharging ears revealed by the year's routine examinations, 100 received some form of treatment, usually from their medical attendants. Having regard to the circumstances and conditions under which medical treatment is given in the district, it is perhaps inevitable that a good deal of perfunctoriness and want of persistence are shown in the application of the treatment advised by the medical practitioners. Without perseverance and continuity no form of ordinary treatment can be successful in the more chronic forms of this condition.

(h) *Dental Defects.*—Of the 3,221 children, including routine, special, and re-examined cases, who were examined by the dentist, 3,130, or 97·1 per cent. were found to require dental treatment. The number actually treated during the year amounted to 2,261, or 72·2 per cent. of those considered by the dentist to be in need of attention. This proportion is an appreciable improvement upon the 69 per cent. pertaining to the previous year. The routine cases are drawn from children between 5 and 8 years of age.

Whenever feasible the conservation of teeth is aimed at and practised but with so many cases presenting unsaveable teeth needing early or immediate extraction conservative treatment is too infrequently practicable.

The number of occasions on which a general anæsthetic was administered was 829 during the year, the administration being undertaken by one of the medical members of the staff. In as many instances as possible the completion of treatment at a single visit to the clinic is undertaken, thereby minimising the disadvantages arising from the extra expense and loss of time attendant upon the necessity of repeating the visits on the part of the children undergoing treatment and, not infrequently, of parents also. As in former years, the re-examination and re-treatment of those previously dealt with are systematically carried out, the total number of children thus re-treated being 599 during the year. The number of fillings reached 1,482, of which 1,238 were of permanent, and 244 of temporary teeth.

Miss B. H. Poole, the Council's Dental Surgeon, is satisfied that appreciable progress is being made, especially as evidenced by the improved condition of the mouths of children who present themselves for re-treatment. The amount of dental defect among the 35,000 children attending the Council's elementary schools still calling for attention is so great that the whole-time services of several dentists would be required to cope with it, whereas only one whole-time dentist and two nurses devoting the greater portion of their time to the service are now engaged in the dental department.

The appended table gives summaries of the work in the form of inspection and treatment carried out by the dentist in the course of the year.

Summary of Dental Work carried out during the Year 1925.

1. INSPECTION.

School.	No. of School Sessions.	Groups.	BOYS.			GIRLS.		
			Examined.	Referred for Treatment.	Presented for Treatment.	Examined.	Referred for Treatment.	Presented for Treatment.
Pontygwaith ...	6	5—8 years	9	9	18	8	8	8
		Specials	8	8	9	3	3	3
		Re-examinations	31	31	46	24	24	24
Tylorstown ...	6	5—8 years	106	99	44	130	127	59
		Specials	17	13	15	37	37	31
		Re-examinations	230	207	75	215	187	101
Porth ...	6	5—8 years	124	118	—	94	92	5
		Specials	8	8	—	1	1	—
		Re-examinations	193	185	5	174	164	9
Other Schools ...	—	Specials	742	742	742	728	728	728
		Re-examinations	143	143	143	196	196	196
Totals ...	18		1611	1563	1097	1610	1567	1164

Summary of Dental Work carried out during the Year 1925.

2. TREATMENT.

School.		Extractions.		Fillings.		Dressings.		General Anæsthetic.	
		Temporary.	Permanent.	Temporary.	Permanent.	Temporary.	Permanent.	Nitrous Oxide.	Other.
Pontygwaith ...	Boys	201	28	27	62	11	7	7	—
	Girls	123	18	8	59	8	7	5	—
Tylorstown ...	Boys	335	45	32	131	57	17	10	—
	Girls	534	93	36	202	50	24	31	—
Porth ...	Boys	21	1	—	6	3	1	2	1
	Girls	28	11	3	15	13	—	—	—
Other Schools ...	Boys	3735	493	78	366	208	42	383	2
	Girls	3498	605	60	397	212	68	388	—
Totals ...		8475	1294	244	1238	562	166	826	3

(i) *Crippling Defects and Orthopædics.*—The prompt and systematic treatment of the various forms of crippling defects existing in many of the children in the district is as yet an unsolved problem. Apart from the admission of an occasional case into The Prince of Wales's Hospital, Cardiff, or some other institution still more remote from the district, only such ameliorative measures as can be undertaken by the local medical practitioners are available. Orthopædic Surgery has become a highly specialised branch of the medical profession and, in addition to special skill and experience on the part of the surgeon, needs exceptional appliances and facilities for its successful practice. The chief difficulty arises from the inadequacy of the accommodation at the special hospitals within reasonable distance of the district in relation to the needs of the area served by them. It is hoped that a movement recently initiated and now prosecuted with some persistence will culminate in a substantial enlargement of the Prince of Wales's Hospital, Cardiff, and the establishment of another institution situated in salubrious surroundings to which the cases can be sent for their convalescence and after-treatment until fit to return to their homes and to receive the necessary surveillance and after-care from the local authorities, upon whom rests this duty as well as that of discovering the cases at the earliest possible moment.

9. OPEN-AIR EDUCATION.

The embarassed state of the coal-trade, which has existed for some years and which the year just expired has only served to aggravate, has rendered still less hopeful the prospects of providing in the district any of the more expensive types of open-air schools, whether of the residential or non-residential type. Other factors, exceptionally characterizing the district, also militate against any provision of this nature, especially the lack of suitable sites, the heavy rainfall and the corresponding curtailment of sunshine, and the sudden and considerable variations of temperature. The nearest approach to the open-air school of the type referred to that seems reasonably attainable is the open-air classroom either as an annex connected by corridor with or entirely detached from the ordinary school. A modified but still valuable form of open-air education would be thereby rendered available for the accommodation of children selected as likely to benefit exceptionally from the conditions obtainable in such classrooms. The only form of open-air education that has been found practicable, irregularly and spasmodically, under present circumstances is that of open-air classes held during favourable weather in the play-grounds of certain schools in the summer months.

10. PHYSICAL TRAINING.

As in the previous year, two trained teachers, one of each sex, were employed by the council for the purpose of teaching Physical Culture to the pupils at the five secondary schools in the district, one limiting her attention to the girls and the other to the boys, the tuition being based upon the scheme of physical training framed by the Board of Education.

In the elementary schools dependence is placed upon the ordinary members of the teaching staff who have undergone training in this subject either at the Training Colleges or as members of the classes held at Barry every summer in connection with the Glamorgan Summer School of training in Physical Culture, the cost in the latter form of training being met by the Local Education Authority.

The rôle of the school medical service staff is limited to a general encouragement of the work, to observance of its effect upon certain children, and to proffering advice regarding individual pupils found to be suffering from defects such as heart disease which are likly to be influenced exceptionally by physical training of any kind.

11. PROVISION OF MEALS.

The general and systematic application of the Provision of Meals Acts, 1906-1914, was not considered necessary in the course of the year except to the extent possible to the head teachers under the usual arrangements which enable them to provide meals for children whose tuition may be adversely affected by reason of a condition attributable to a lack of sufficient and suitable food. The practice of drawing the special attention of head-teachers to children found on medical inspection to be suffering from malnutrition without causative disease was continued.

In the course of the year data obtained by the medical inspection staff and placed before the local education authority indicated that an exceptional number of children attending the schools in Wards 5, 6, and 7 was suffering in this respect, the local collieries having been closed since the middle of the previous year. The resumption of work at these collieries however led to the belief that the unsatisfactory condition of the children would rapidly be removed in correspondence with the reduction in unemployment among the bread-winners in these localities.

12. SCHOOL BATHS.

No facilities in the form of baths have been provided at any of the schools in the area.

13, 14, 15, 16. THE CO-OPERATION OF PARENTS, TEACHERS, ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

The attendance of *parents* at the medical inspections varies considerably but on the whole may be said to be disappointing though explicable having regard to the times at which the inspections are conducted in relation to the daily duties of the parents. Certain factors, at present absent or incomplete in the district, will, when in operation, serve to add much to the personal interest of parents in the school medical service generally ; among the most important of these are the extension of the scope of the treatment undertaken by the local authority and a more systematic and intensive following up on the part of school nurses when their number becomes adequate for the purpose.

The co-operation of *teachers* is enlisted by communications addressed to them prior to the visits of the medical inspectors to their respective schools and by conferences between them and the inspectors in the course of the visits. Naturally much variation is shown in the degree and kind of assistance rendered by the teachers in promotion of the work of the school medical service generally, the extremes ranging from indifference to an interested activity which is very helpful and encouraging to those engaged in the service. The antagonism occasionally seen on the inception of the work is no longer experienced.

Although the *attendance officers* are not under the control of the School Medical Officer, much useful assistance is derived from co-operation with them, not the least important form being the information not infrequently supplied by them regarding children considered to be unfit, for any reason, to enter any school. Many instances of non-attendance at school attributed to ill-health are referred for the attention of the school medical service and the opinions formed on the medical examination of the children at the clinics are placed at the disposal of Mr. T. W. Berry, the Director of Education and, when necessary, of the local courts.

The only organised *voluntary body* in the district with which co-operation is sometimes advantageous is the National Society for the Prevention of Cruelty to Children, to which, or by which, school children presenting unusual features and coming under the observation of the school medical service are sometimes referred.

17. BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

Some progress has been made towards a fuller ascertainment of the number of abnormal children falling under these categories as well as of the nature and extent of their disabilities. The information is summarized under several headings in Table III. (cf. Appendix) which, especially when appropriately supplemented, will provide the local education authority with the information necessary for estimating the needs of the district in connection with the exceptional children in the area. The information however must be considered to be incomplete and will remain so until some of its sources can be rendered more efficient by an increase of staff especially of the health visitors who, in virtue of the nature of their duties, should be the earliest if not the most reliable means of discovering exceptional children throughout the area. At present, chief dependence is placed upon the routine medical examinations carried out by the assistant school medical officers at the schools or clinics. As supplementary sources of information may be mentioned the teachers at the schools, the parents at the homes and schools, and the attendance officers in consequence of what they learn on their visits to the children's homes.

18. NURSERY SCHOOLS.

In view of other and more clamant calls upon the financial resources of the district, it has not hitherto been considered justifiable to establish one or more Nursery Schools in the area (cf. section 2(a) of this report).

19. SECONDARY SCHOOLS.

No effective steps have yet been taken by the Local Education Authority for the medical inspection and treatment of the pupils attending the four secondary schools in the district. The need for doing so is periodically brought to the notice of the appropriate Committee but hitherto the additional expenditure which adequate provision for doing so for nearly 2,000 pupils would involve has deterred the authority from authorizing the performance of this work, important though it is acknowledged to be in the interests of children under-going the rapid changes attendant upon the adolescent period of life.

20. CONTINUATION SCHOOLS.

No Continuation Schools have as yet been established in the Rhondda.

21. JUVENILE EMPLOYMENT.

The control of the employment of children under 14 years of age is enhanced by the local bye-laws sanctioned by the Home Office on the 20th of April, 1921, under which the occupation for gain of children under 14 is prohibited except under specified conditions and in the following directions :—

(1) the sale and delivery of milk and newspapers;

(2) the carrying or delivering of goods or parcels; and

(3) employment in or in connection with any shop or office, in any coal yard, in industrial work at home, and in agricultural work.

One of the conditions is the necessity to obtain a certificate from the School Medical Officer, before the employment of a child between 12 and 14 years of age in the sale and delivery of milk or newspapers, that the proposed employment will not be prejudicial to the child's health or to his physical development and will not render him unfit to obtain proper benefit from his education. The number of applications for certificates fell during the year under review to 14 as compared with 21 in the previous year, although general observation suggests that the number of boys of this age who are engaged in the permissible occupations is at least as large as ever. There appears to be a tacit relaxation in the enforcement of the bye-laws, possibly in consideration of the amount of unemployment in the district and the consequent need of supplementing the family income by every available means.

22. SPECIAL INQUIRIES.

The medical staff was too preoccupied with routine work at the schools and clinics to permit the prosecution of special inquiries regarding matters of special interest to the school medical service. It is however highly desirable to promote such enquiries in the district where somewhat exceptional conditions conduce to increase the value of special work of this nature for purposes of comparison with other and dissimilar areas. Investigation of this kind is the essence of progress in one's knowledge of the conditions influencing the welfare of the school child and the aggregate value of the multiplication of inquiries carried out on similar lines throughout the country generally must be very great when the results are placed at the disposal of the Medical Branch of the Board of Education whose staff is possessed of the knowledge, experience, and judgment necessary to form valuable conclusions based upon a consideration of the material thus obtained. Research work of this nature also redounds to the benefit of the children of the districts where such inquiries are made, for the additional keenness and interest of those engaged in the work naturally and inevitably lead to a more intelligent and general application of the knowledge thus gained to the advantage of the children coming under observation.

23. MISCELLANEOUS WORK.

As indicated in a summarized form in the following table the work performed by the school medical service staff during the year included the examination of

(i.) 130 children owing to their persistent non-attendance at school;

(ii.) 105 candidates for pupil-teacherships;

(iii.) 14 cases under the local Employment of Children Bye-laws;

(iv.) 27 cases at the request and for the guidance of the local court;

(v.) 122 children referred by teachers or attendance officers; and

(vi.) 180 children ear-marked by the medical inspectors themselves for the more detailed and thorough examination which the conditions and facilities at the clinic permit.

THE YNYSHIR CLINIC.

Summary of work carried out in 1925 in the interests of the School Medical Service.

	Times used.	No. Examined.	No. referred for further Examination.
Defective Vision	140	1035	638
Special Examinations and Re-examinations	44	473	170
Pupil Teacher Candidates ...	—	105	36
Totals ...	184	1613	844

TABLE I.

Return of Medical Inspections during the year ended 31st December, 1925.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	4,759
Intermediates	4,475
Leavers	3,354
Total	12,588

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,826
Number of Re-inspections	14,720
Total	16,546

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease. 1		Routine Inspections. No. of Defects. Requiring Treatment. 2	Routine Inspections. No. of Defects. Requiring to be kept under observation but not requiring Treatment. 3	Special Inspections No. of Defects. Requiring Treatment. 4	Special Inspections No. of Defects. Requiring to be kept under observation but not requiring Treatment. 5
	Malnutrition ...	801	—	65	—
	Uncleanliness ...	1142	—	87	—
Skin	Ringworm—Scalp ...	24	—	10	—
	Body ...	—	—	3	—
	Scabies	8	—	9	—
	Impetigo	66	—	20	—
	Other diseases (non-tuberculous) ...	37	—	14	—
Eye	Blepharitis	65	—	25	—
	Conjunctivitis ...	8	—	6	—
	Keratitis	—	—	—	—
	Corneal Opacities ...	4	—	—	—
	Defective Vision (excluding Squint) ...	1196	3	327	1
	Squint	130	—	31	—
	Other conditions ...	9	—	15	—
Ear	Defective Hearing ...	15	—	29	—
	Otitis Media... ...	—	—	3	—
	Other Ear Diseases ...	61	—	38	—
Nose and Throat	Enlarged Tonsils only ...	649	2	59	—
	Adenoids only ...	48	1	11	—
	Enlarged Tonsils and Adenoids ...	41	—	12	—
	Other conditions ...	—	—	—	—
Enlarged Cervical Glands (non-tuberculous)		519	—	22	—
Defective Speech		108	—	29	—
Teeth—Dental Diseases... ...		2771	—	129	—
Heart and Circulation	Heart Disease—Organic ...	116	1	21	—
	Functional ...	42	—	15	—
	Anæmia	41	—	46	—
Lungs	Bronchitis	154	—	21	1
	Other non-tuberculous Diseases ...	1	—	1	—
Tuberculosis	Pulmonary: Definite . .	4	—	7	—
	Suspected ...	9	18	22	8
	Non-Pulmonary:				
	Glands	6	—	10	3
	Spine	1	—	2	—
	Hip	1	—	2	1
	Other Bones & Joints	3	—	3	—
	Skin	1	—	1	—
	Other Forms ...	2	—	3	—
Nervous System	Epilepsy	6	1	7	1
	Chorea	5	1	14	—
	Other conditions ...	20	—	20	6
Deformities	Rickets	2	—	—	—
	Spinal Curvature ...	17	—	1	1
	Other Forms ..	70	—	28	1
Other Defects and Diseases ...		119	—	141	3

TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require Treatment. (3)	Percentage of Children found to require Treatment. (4)
Code Groups :—			
Entrants ...	4759	1019	21·4
Intermediates ...	4475	1389	31·0
Leavers ...	3354	940	28·0
Totals (Code groups) ...	12588	3348	26·6

TABLE III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	4	7	11
		Attending Public Elementary Schools	2	4	6
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	1	—	1
		Attending Public Elementary Schools	2	2	4
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	4	2	6
		Attending Public Elementary Schools	12	13	25
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	66	39	105
		At other Institutions	—	—	—
		At no School or Institution	6	6	12
	Notified to the Local Control Authority during the year.	Feebleminded	—	2	2
		Imbeciles	2	3	5
		Idiots	1	—	1
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics ...	—	1	1
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools	3	6	9
		At no School or Institution	2	1	3

			Boys.	Girls.	Total.
Epileptics.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	9	10	19
		At no School or Institution	—	—	—
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	3	4
		At other Institutions	—	2	2
		At no School or Institution	5	5	10
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	29	28	57
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate children (*e.g.*, pre or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	110	113	213
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	5	1	6
		At Public Elementary Schools	7	12	19
		At other Institutions	3	1	4
		At no School or Institution	4	4	8
	Crippled Children (other than those with active tuberculous disease) *e.g.*, children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	92	77	169
		At other Institutions	—	—	—
		At no School or Institution	1	3	4

TABLE IV.—Return of Defects treated during the Year ended 31st December, 1925.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin:—			
Ringworm—Scalp ...	—	55	55
Ringworm—Body ...	—	6	6
Scabies	—	13	13
Impetigo	—	126	126
Other Skin Disease ...	—	63	63
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	—	79	79
Minor Ear Defects	—	100	100
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ...	—	400	400
Total	—	842	842

TABLE IV.—Return of Defects treated during the Year ended 31st December, 1925.

Group II.—Defective Vision and Squint.

Defect or Disease. (1)	Number of Defects dealt with. Under Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) ...	1035	—	17	1052
Other Defect or Disease of the eyes	—	—	—	—
Total	1035	—	17	1052

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ...	932	Total ... 949
(b) Otherwise	17	

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ...	240	Total ... 555
(b) Otherwise	315	

TABLE IV.—Return of Defects treated during the Year ended 31st December, 1925.

Group III.—Defects of Nose and Throat.

		No. of Defects.
Received Operative Treatment.	Under the Authority's Scheme, in Clinic or Hospital	—
	By Private Practitioner or Hospital, apart from the Authority's Scheme	111
	Total	111
Received other forms of Treatment		155
Total Number Treated		266

Group IV.—Dental Defects.

	Ages. 5	6	7	8	Totals of Routine Age Groups.	Specials.	Re-examinations.	Grand Totals.
(1) Number of Children who were:—								
(a) Inspected by the Dentist ...	167	152	97	55	471	1544	1206	3221
(b) Found to require Treatment ...	159	143	96	55	453	1540	1137	3130
(c) Actually treated	44	47	21	22	134	1528	599	2261
(d) Re-treated ...					...	...	599	599
(2) Half-days devoted to Inspection ... 18, Treatment ... 451						Total		469
(3) Attendances made by children for treatment						...		2539
(4) Fillings: Permanent teeth ... 1238, Temporary teeth ... 244						Total		1482
(5) Extractions: Permanent teeth ... 1294, Temporary teeth ... 8475						Total		9769
(6) Administrations of general anæsthetics for extractions								829
(7) Other operations: Permanent teeth ... 166, Temporary teeth ... 562						Total		728

Rhondda Urban District Council.

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AND

School Medical Officer

FOR

THE YEAR 1925.

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